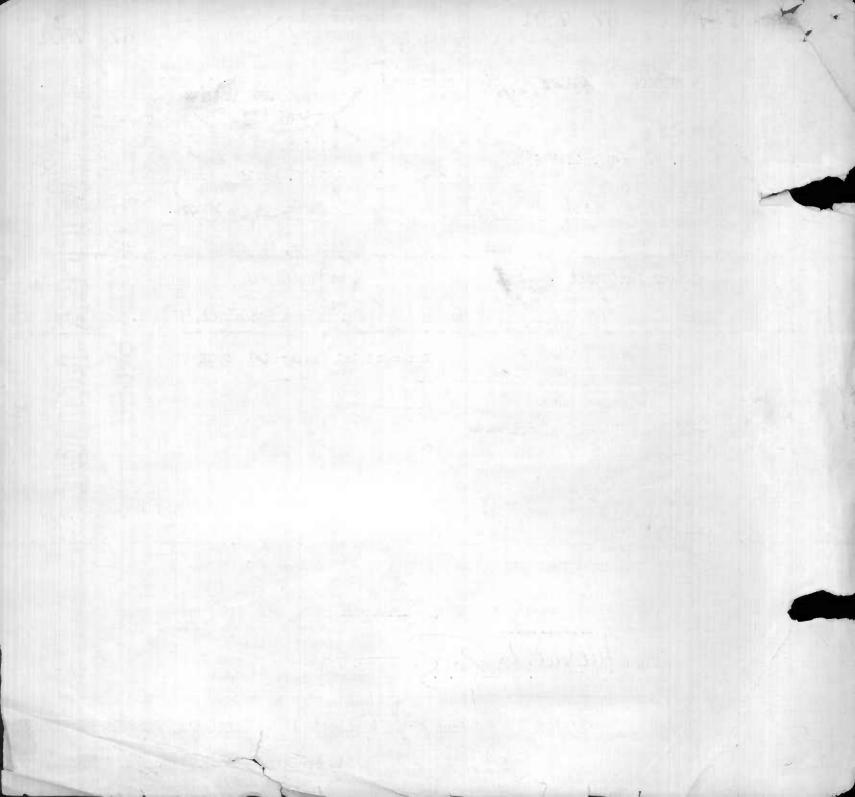
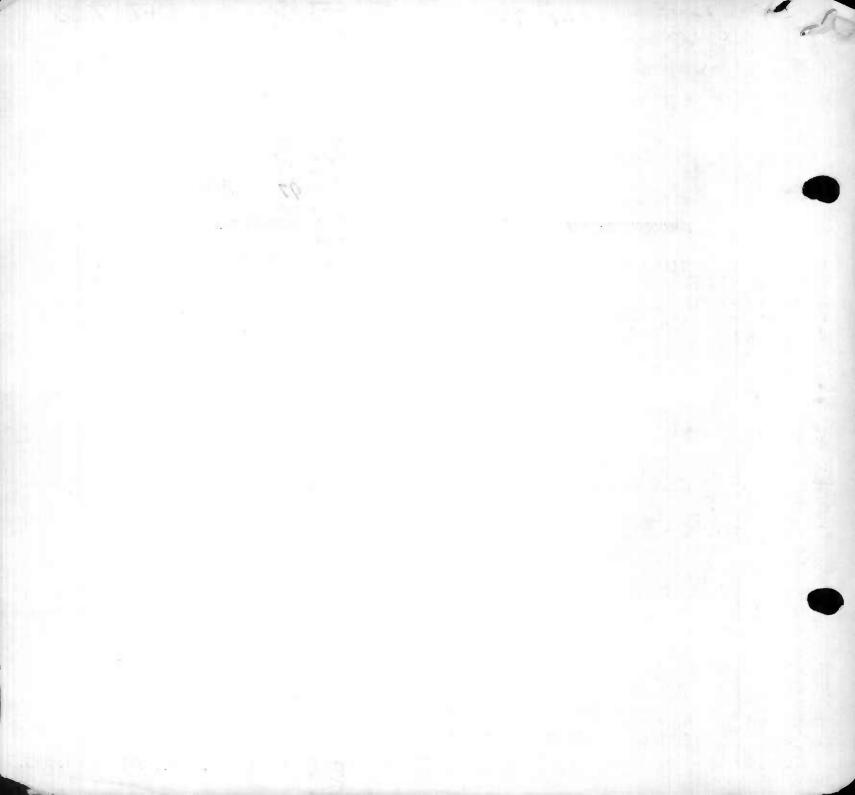
M.E	NAME OF DEC	EASED	,			2. DATE AND HOL	JR PRONOUN	CED DEAL	D	
(Тур	SOUNDS OF STREET	A STATE OF THE PARTY OF THE PAR	thule	< FAR INHOLT		August			10:50) A.
3. P	LACE IN BALTI	MORE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESID	ENCE (Where deceos		stitution: re		
FILL	L NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION CIVE STREET	Maryl			10	alts ()
HO!	SPITAL OR	ADDRESS OR LOCA	ATION)	nott, ofte street	C. CITY OR TOV	VN (II outside corpo	prote limits, wri	te RURAL	ond give towns	ship)
)	O	** ** 1	(201)		Balti				3-00	
	St. Agnes Hospital (DOA)				tESS (If rurol, give l					
5. SI	FX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	S. Rolling	AGE (In years	[]E IInd	ter 1 Yr. If Und	or 24
1	Male	White		OIVORCED (specify)	D. D. T. T. G. K.		birthdoy)	Months	Doys Hours	M
			Sing.	LO BUSINESS OR INDUSTRY	VII RIPTHELACE	2 Mouths	11/1/2/19	<	IZEN OF	i
		orking life, even if retired)		BOSINESS ON INDOSTRI				WH	AT COUNTRY?	,
13. F	NONE HAM		None		14. MOTHER'S M	re Maryla	nd		ISA	-
	WAS DECEASED	ever in U.S. ARMED		16. SO CIAL	17. INFORMANT	benstein		ADDRE	SS	
Yes	, no or unknown)	III yes, give wor or dote	es of service)	SECURITY NO.		THE LEWIS CO.				
	No			11 -	114 100	and Indicate	~0+ 1E1	0 4 0		
				No.		ver Farinh	011, 12	24 S.	Rolling	
	18. OISEAS (This does no heart foilure, injury or com A DISEASES CORSE TO THE	E OR CONDITION DI LEADING TO DEATH of mean the mode of ostherio, etc. It means plication which coused NTECEDENT CAUSE OR CONDITIONS, IF A ABOVE CAUSE (A) S'	dying e.g., the discose, deoth.) S NY, GIVING	CAUSE	OF DEATH	eumonitis S		24 S.	ROLLING INTERVAL B ONSET AND	ETW
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FICATION	18. DISEAS (This does n heart foilure, injury or com A DISEASES (RISE TO THE UN DERLYIN OTHER SIGN TO THE	LEADING TO DEATH of meon the mode of osthenio, etc. It meons plicotion which coused NTECEIDENT CAUSE OR CONDITIONS, IF A ABOVE CAUSE (A) S' G CONDITION LAST.	dying e.g., the discose, deoth.) S LNY, GIVING TATING THE	(A) Inters DUE TO (B) DUE TO (C)	OF DEATH			24 \$.	INTERVAL	ETWI
L CERTIFICATION	This does not heart follows, injury or compared to the UN DERLYIN OTHER SIGN TO THE UNDERLYIN	LEADING TO DEATH of meon the mode of osthenio, etc. It meons plicotion which coused on the coused of the coused of the couse of the co	dying e.g., in discose, deoth.) S NY, GIVING TATING THE CONTRIBUTIN LATED TO THE III.	(A) Inters DUE TO (B) DUE TO (C)	E OF DEATH titial Pne	eumonitis S	SDII	FINDINGS	ONSET AND	DE/
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MEDICAL CERTIFICATION	This does not head follows, injury or come and the control of the	LEADING TO DEATH of meon the mode of osthenio, etc. It meons plicotion which coused NTECEIDENT CAUSE OR CONDITIONS, IF A ABOVE CAUSE (A) S' G CONDITION LAST. II IFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION OPERATION CAUSE WAS OR CONTRIB- E OF DEATH.	dying e.g., the discose, deeth.) S NNY, GIVING TATING THE CONTRIBUTIN LATED TO THE IT. IT. 218. Formed (Hour) 21	CAUSE (A) Inters DUE TO (B) DUE TO (C) VHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, company of the compa	20A, AUTOPSYS Yes in or obout 21C. Woffice bldg., INJURY	eumonitis S Y (Yes or No) 208, II IN CE WERE DID (If in B	F YES, WERE F	FINDINGS USES OF E	ONSET AND	DE/
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MEDICAL CERTIFICATION	This does not head follows, injury or complete the control of the	LEADING TO DEATH of meon the mode of osthenio, etc. It meons plicotion which coused NTECEDENT CAUSE OR CONDITIONS, IF A ABOVE CAUSE (A) S' G CONDITION LAST. II IFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198. CON WAS PER CAUSE WAS OR CONTRIB- E OF DEATH. (Month) (Doy) (Yeo	dying e.g., the discose, deoth.) S LNY, GIVING TATING THE CONTRIBUTIN LATED TO THE 10 ITION FOR W FORMED 218. P home, etc.) W mquiry	CAUSE (A) Inters DUE TO (B) DUE TO (C) IG HE VHICH OPERATION PLACE OF INJURY (e.g., of the control of the	20A, AUTOPSY: Yes in or obout 21C. Wooffice bldg, INJURY WHILE ORK WHILE Hamlcid	Y (Yes or No) 20B. II IN CE WHERE DID (If in B OCCUR?	F YES, WERE F FRIFYING CAU oltimore City, s	FINDINGS USES OF C	CONSIDERED DEATH? Locotion)	DEA
MEDICAL CERTIFICATION	18. OISEAS (This does not head follower, injury or community or comm	LEADING TO DEATH of meon the mode of osthenio, etc. It meons plicotion which coused NTECEDENT CAUSE OR CONDITIONS, IF A ABOVE CAUSE (A) S' G CONDITION LAST. II IFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198, CON WAS PER CAUSE WAS OR CONTRIB- E OF DEATH. (Month) (Doy) (Yeo fy that I held an I ed fram: Natural ca	dying e.g., the discose, deoth.) S LNY, GIVING TATING THE CONTRIBUTIN LATED TO THE 10 ITION FOR W FORMED 218. P home, etc.) W mquiry	CAUSE (A) Inters DUE TO (B) DUE TO (C)	20A. AUTOPSYS in or obout 21C. Woffice bldg., INJURY WHILE	Pumonitis S (Yes or No) 20B, II IN CE (HERE DID (If in B OCCUR? OW DID INJURY OC that an this bas de Undete	F YES, WERE F FRITFYING CAL oltimore City, a	FINDINGS USES OF C	CONSIDERED DEATH? Locotion)	ETWED DEA
MEDICAL CERTIFICATION	This does not head follows, injury or complete the complete to the complete the com	LEADING TO DEATH of meon the mode of osthenio, etc. It meons plicotion which coused NTECEDENT CAUSE OR CONDITIONS, IF A ABOVE CAUSE (A) S' G CONDITION LAST. II IFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSINO OPERATION 198, CON WAS PER CAUSE WAS OR CONTRIB- E OF DEATH. (Month) (Doy) (Yeo fy that I held an I ed fram: Natural ca URE URE WETNET	dying e.g., the discose, deoth.) S LNY, GIVING TATING THE CONTRIBUTIN LATED TO THE 10 ITION FOR W FORMED 218. P home, etc.) W mquiry	CAUSE (A) Inters DUE TO (B) DUE TO (C)	20A. AUTOPSYS Yes in or obout 21C. Woffice bldg, INJURY 21F. HC WHILE ORK Hamleic CHIEF MI ASSISTANT MI	Y (Yes or No) 20B. II IN CE WHERE DID (If in B OCCUR?	F YES, WERE F RTIFYING CAU oltimore City, g CCUR?	FINDINGS USES OF C	CONSIDERED DEATH? Locotion)	S S



סח חבת		TY HEALTH DEPARTMENT		67 7502
SETH NO. 67. 750	CERTIFICA	ATE OF DEATH	Registered Na.	01 1002
M.E. CASE NO. I, NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
Type or Print)		91	2 167	2.15
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	a deceased lived. If inst	
TEACE OF DEATH IN BACHMORE MARIEMED		A. STATE B. COUN	TY	Tiblion, residence belore our
FULL NAME OF (If not in hospitot or institution,	give street	MARZIC	AND	111-1
HOSPITAL OR oddress or location)		C. CITY OR TOWN Tif out	side city limits, write RU	RAL and give township)
INSTITUTION		BALTIM		
36		D. STREET ADDRESS (IF	ural, give location)	
Fire 11 Courses	Con a con a con			
Franklen SOURNE A		1526 00	FAIRMOU	
	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under Months: Days Hours
temple white		9/17/01	NUMBER 69	
A. USUAL OCCUPATION (Give kind of work 108, KIND O	F BUSINESS OR INDUSTE	RY 11. BIRTHPLACE (State or forei	gn country)	12, CITIZEN OF
DA. USUAL OCCUPATION (Give kind of work 108, KIND O		BALTIMORE.	MARYLANDO	WHAT COUNTRY?
MANAMAMAMAMAMAM HOUSEWIFE	AT HOME	MAMMAMMAMMAM	MANAM	01.5.
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
		TTUUTT LIAIT		
PHILIP MARGOLTES		JENNIE WOLF		
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	1	medical	chart	
NO	NO		- Comment	
18. 334XI	CAUSE	OF DEATH		ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	-	1100	- W	
LEADING TO DEATH	(A) (Q	rebral arter	105 C(X + 0615	gears
(This does not mean the mode of dying, e.g.,	DUE TO			
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)		7		0
ANTECEDENT CAUSES	(B)	seplece ma.		and
	DUE TO	Coreonia	*************************	Q
DISEASES OR CONDITIONS, if ony, giving		Carconia		
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)		************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING IT.		1004	1 000	
2 19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CAUS	NDINGS CONSIDERED
0				
OR CONTRIBUTING CAUSE OF	PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID	(If in Baltimore	City, give exact location)
DEATH (notify medical examiner)		office bldg., INJURY OCCUR?		
OF INJURY	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	nile At Work At Wor			
				/
22. I certify that (I) (this hospital) attended t	he deceased from		9ta	19_
that (I) (we) last saw the deceased alive an		19 6 7 and the	at in(my) (aur) apini	an death accurred an
and haur and from the causes stated above. (I) (We) (did) (did not)	view the bady after death.		
23A. SIGNATURE	, , , (a.a) (ala ilai)	The budy offer deaths	l-	23B. DATE SIGNED
	14 D A	ttending - Mad -		
Raymundo S. N.	aguo M.D. Pi	ttending Med. Director	Stoff Phys.	8/2/69
2001.11131017113		23D. ADDRESS		1
NAME (Type)	and to MI		-	11 1
	14GNO M.E	Franklin	2 guare	Horpital
AA. BURIAL CREMATION, 24B. DATE 24C.N REMOVAL (Specify)	AME of CEMETERY or C	REMATORY 24D. LC	CATION (City,	town, or county)
	ATH TECHNOLS	LCOMMUNI	BALTIMORE,	MARVIAND
BURTAL 8/3/67 AD	ATH JESHURUN	(SODOVA)	DALITMUKE,	
AIC 7 10C7	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
AUG 7 1967 Rober	DE Markey Pol	SOF LEGINSON	BROS. INC.,	, 6010 REIST.,
160 861/ 1/1//6			-	

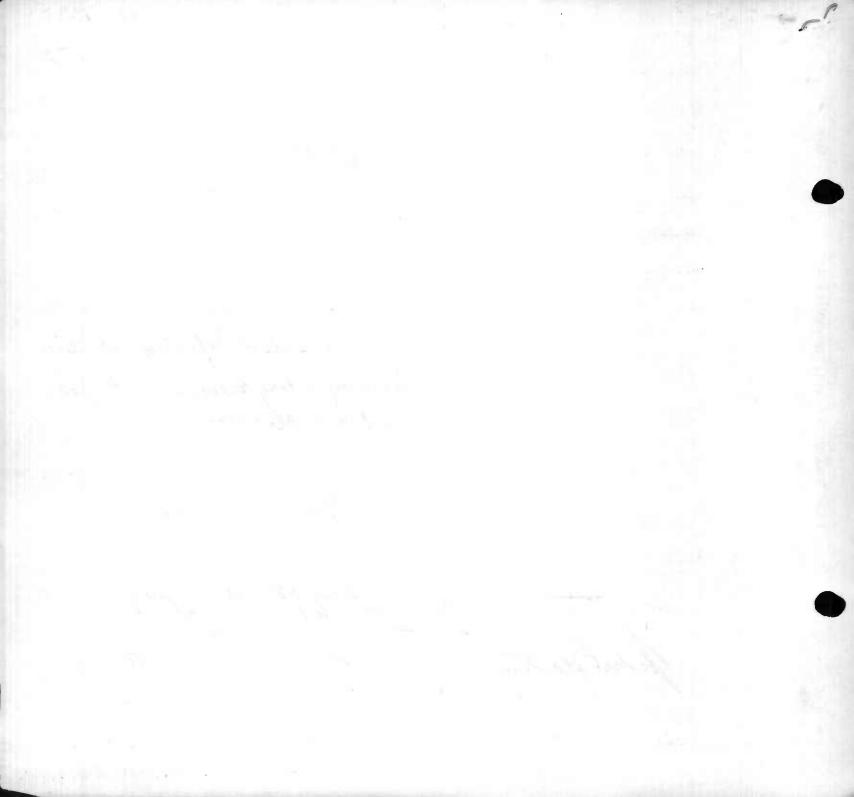


			ITY HEALTH DEPARTMENT		
BIRTH		7503 CERTIFIC	ATE OF DEATH	Registered No.	67 7503
1, NA	CASE NO. ME OF DECEASED or Print)	VCTA		HOUR OF DEATH	, >0
3. PL	ACE OF DEATH IN BALTIMORE, MAR	Y Z // H	4. USUAL RESIDENCE (Where		A M. tilution; residence before admission)
HC	LL NAME OF (If not in hospital of oddress or focotion stitution	or institution, give street a)	A. STATE B. COUNT C. CITY OR TOWN (If outs		URAL ond give township)
40			D. STREET ADDRESS (IF IL	orol, give focotion)	
SI	NA HOSPITAL OF	BACTO., INC.	3802 FORA	LEIGH RO) AS
5. SEX	6. RACE W USUAL OCCUPATION (Give kind of work	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) NEWER MARCLES 108. KIND OF BUSINESS OR INDUST	8. DATE OF BIRTH/ RY 11, BIRTHPLACE (State or foreign	80	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	during most of working life, even if retired)		RUSSIA		WHAT COUNTRY?
13. FA	Omestic ATHERS NAME	At Home	14. MOTHER'S MAIDEN NAM	NE .	U.S. M.
,	lu la la acusta		the learners		
15, W	us Deceased Ever in U. S. Armed Force or unknown) (If yes, give wor or date:	s of service) SECURITY NO.	17. INFORMANT		ADDRESS
	3.4.20,/1	CAUSE	OF DEATH MORRIS Yak	er, Belvede	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIR	ECTLY D.	lumaz Edema	47. (4) drum	
	This does not mean the mode of seast failure, asthenia, etc. It means				
	njury or complication which coused	death.)	jocurdial Jula	un den 4	1 4 days
r	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a				
l ti	se to the obove cause (A) JNDERLYING CONDITION lost.			=======================================	
	11		3		
1 5 .	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT	TED TO THE	Cernia + Choleler	lusia	
	PA. DATE OF OPERATION 19B. CONI WAS PERF	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
_ 0	PA. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF EATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g home, form, factory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
WED!	1 D. TIME (Month) (Doy) (Year) F INJURY APPROX.)	Whife At Not V	21F. HOW DID INJU	IRY OCCUR?	
-	2. I certify that (I) (this hospital) attended the desegged from		0 4=	10
II .	not (I) (we) lost sow the deceose				ion death occurred on the date
	nd hour and from the couses stat				
2:	BA. SIGNATURE				238, DATE SIGNED
	There Du	M.D.		Stoff Phy s	8/2 330 Am
2:	C. PHYSICIAN'S NAME (Type)	EN M.	23D. ADDRESS		
24A.	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF	Sinai Hospi	tal of Balta	imano, Inc. y, town, of county) (State)
25A.	Burial 8/3/67 DATE REC'D BY HEALTH DEPT.	Shaarei Tfiloh	2 B	altimore, Ma	aryland ADDRESS
	AUG 7 1967 (P. D. S. E. Farley M.			. 6010 Reist. Rd.
V\$ 15	0-REV. 1/1/65				

VS 150-REV. 1/1/65

a hospital and

LE CASE NO. NAME OF DECEASED (pe or Print) MOK	PRIS	STEIN		E AND HOUR OF DEAT	11:11 2
PLACE OF DEATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE		institution: residence before admis
FULL NAME OF (If not in hos HOSPITAL OR oddress or lo	pitot or institution,	give street	Maryland c. City or town		28-4
INSTITUTION	Colloni			If outside city limits, writ	e RURAL and give township)
1			Baltimore D. STREET ADDRESS	(If rurol, give location)	
Sinai Hospital			4003 Grovel		
SEX 6. RACE		D, NEVER MARRIED ED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
Male White		ried specify		77	Nonins Doy's Hours
A. USUAL OCCUPATION (Give kind of	work 10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF
ne during most of working life, even if reti					WHAT COUNTRY?
Merchant FATHERS NAME	Ret	tail	Poland 14. MOTHER'S MAIDEN	N A AA F	USA
			MOINER 3 MAIDEN	14 531916	
Unknown			Unknown		
. Was Deceased Ever in U.S. Armedes, no or unknown) (II yes, give wor or		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		UNKNOWN	Mes Cadia	Ctain Anna	Chanaland Amount
18.		CAUSE O	F DEATH	Stein, 4003	Groveland Avenue
DISEASE OR CONDITION	DISCOUL	6,1016	7	0 1	ONSET AND DEATH
LEADING TO DEA			11.	1.0 /2/	1: 15 min
		(A)	mysoera	lac mjere	Troi / Juin
(This does not mean the made heart failure, asthenia, etc. If me	e of dying, e.g. eans the disease	, DUE TO	myoora	ial mare	The 12 min
(This does not mean the made	e of dying, e.g. eans the disease	, DUE TO	my opera	ual rujara	H GO
(This does not mean the made heart failure, asthenia, etc. If me	e of dying, e.g. eans the disease used death.)	B) Cor	mary arte	ry Disease	4 yes
(This does not mean the made heart failure, asthenia, etc. It me injury or complication which con ANTECEDENT CAL	e of dying, e.g. eans the disease used death.) JSES	(B) DUE TO	mary arte	ry Disease	4 yes
(This does not mean the made heart failure, asthenia, etc. It minimizes or complication which compared to the complex of the compared to the c	e of dying, e.g. eans the disease used death.) JSES if any, giving (A) stating the	(B) COZ-	mary arteriosal	ry Disease Perosis	4 yes
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(This does not mean the mode heart failure, asthenia, etc. If my injury or complication which complication which complication which complication which complication which complications are to the complication of the death and the complication of the complication of the complete the compl	e of dying, e.g. eans the disease used death.) JSES if any, giving (A) stating the . 45 CONTRIBUTIN RELATED TO TI NG IT. CONDITION FOR PERFORMED 10 11 11 11 11 11 11 11 11 11 11 11 11 1	(B) DUE TO (B) DUE TO (C) CO (C) CO	20 A. AUTOPSY? (Yes of the bidg, INJURY OCCU	IN CERTIFYING C	CAUSES OF DEATH?
(This does not mean the made heart failure, asthenia, etc. If my injury or camplication which continued to the continued of t	e of dying, e.g. eans the disease used death.) JSES if any, giving (A) stating the . 45 CONTRIBUTIN RELATED TO TI NG IT. CONDITION FOR PERFORMED 10 11 12 11 12 13 14 15 16 16 17 16 17 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	(B) DUE TO (B) DUE TO (C) CO (C) CO	20 A. AUTOPSY? (Yes of the bidg., INJURY OCCU	IN CERTIFYING C	CAUSES OF DEATH?
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(This does not mean the mode heart failure, asthenia, etc. If my injury or complication which contained to the contained to t	e of dying, e.g. eans the disease used death.) JSES if any, giving (A) stating the . AS CONTRIBUTIN RELATED TO TI NG IT. CONDITION FOR PERFORMED (ear) (Hour) 211 WW pitel) attended eased alive on.	BPLACE OF INJURY (e.g., i mee, lorm, foctory, street, or continued at Wark the deceased from	20A. AUTOPSY? (Yes of yell) n or obout 21C. WHERE DI fice bidg., INJURY OCCU 21F. HOW DID 21F. HOW DID 419 67 on	IN CERTIFYING O	July 31 19 6
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(This does not mean the made heart failure, asthenia, etc. If my injury or camplication which could an accept the could be accepted by the could b	e of dying, e.g. eans the disease used death.) JSES if any, giving (A) stating the . AS CONTRIBUTIN RELATED TO TI NG IT. CONDITION FOR PERFORMED (ear) (Hour) 211 WW pitel) attended eased alive on.	B. PLACE OF INJURY (e.g., imme, forting, street, or imme, forting, street, or immediate and immediat	20 A. AUTOPSY? (Yes of the bidg., INJURY OCCU 21 F. HOW DID 21 F. HOW DID 21 F. How Did 21 F. How Did 31 F. How Did 4 F. How Did 4 F. How Did 5 F. How Did 6 F. How Did 6 F. How Did 7 F. How Did 8 F. How Did 8 F. How Did 9 F. How Did 10 F. How Did 11 F. How Did 12 F. How Did 12 F. How Did 13 F. How Did 14 F. How Did 15 F. How Did 16 F. How Did 17 F. How Did 18 F. How Did 19 F. How Did 21 F. How Did 22 J. D. ADDRESS	IN CERTIFYING COR. (If in Boltim INJURY OCCUR? 19 6 to 6 d that in (my) (oct) 6 phys. Stoll Phys.	Jely 3/ 19 6 pinion leath accurred an the
(This does not mean the made heart failure, asthenia, etc. If my injury or complication which containing the co	e of dying, e.g. eans the disease used death.) JSES if any, giving (A) stating the . AS CONTRIBUTIN RELATED TO TI NG IT. CONDITION FOR PERFORMED (ear) (Hour) 211 WW pitel) attended eased alive on.	B. PLACE OF INJURY (e.g., i mee, form, foctory, street, or constitution) E. INJURY OCCURRED hile At Wark the deceased from	20 A. AUTOPSY? (Yes of the bidg., INJURY OCCU 21 F. HOW DID 21 F. HOW DID 21 F. How Did 21 F. How Did 31 P. J. on 32 J. ADDRESS	IN CERTIFYING O	Jely 3/ 19 6 pinion leath accurred an the
(This does not mean the made heart failure, asthenia, etc. If my injury or complication which containing the co	e of dying, e.g. eans the disease used death.) JSES if any, giving (A) stating the control of	B. PLACE OF INJURY (e.g., imme, forting, street, or imme, forting, street, or immediate and immediat	20A. AUTOPSY? (Yes of Autopsy?) (Yes of Autopsy?	IN CERTIFYING O	Jely 3/ 19 6 pinion leath accurred an the

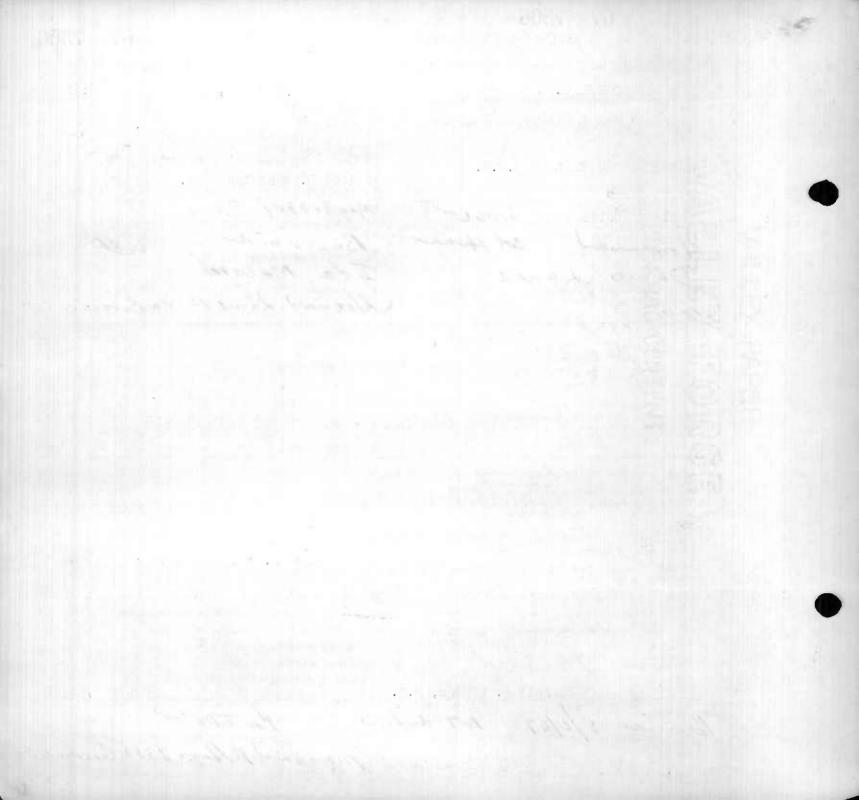


VS 150-REV. 1/1/65

V.S. 153 8-7-67 WH

67 7506 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NG7 7506.

ME CASE NO	ICAL EXAMINATES C	EKTITICATE OF DEATH Negr.	Teles No.
M.E. CASE NO. 1. NAME OF DECEASED		2, DATE AND HOUR PRONOUN	CED DEAD
(Type or Print)	T ALIC		
HORTENSE T. 3. PLACE IN BALTIMORE, MARYLAND, W			nstitution: residence before admission) OUNTY
FULL NAME OF (IF NOT IN HOSPITH HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	Maryland C. CITY OF TOWN (If outside corporate limits, w	rite RURAL and give township)
26		Baltimore	7 -03
LUTHERAN HOSPITAL	D.O.A.	D. STREET ADDRESS (If rurol, give locosion) 1224 N. Bentalou St.	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeo lost birthdoy)	
Fomale Colored	SING LE	May 3-1905	Months, Doys Hours, Min.
Female Colored 10A. USUAL OCCUPATION (Give kind of work		Y 11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF
done during most of working life, even it retired)	col phone	BALTOMA	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	063.
DAVID LA	ws	Ida Marsin	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give wor or dote		HERMON LANS 122	YN-BENTAL OC ST
18.	CAUS	E OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DI	BECTIV		ONSET AND DEATH
LEADING TO DEATH	Sub	odural Hematoma	
(This does not meon the mode of heart failure, asthenia, etc. It means injury or complication which coused	the disease, DUE TO		
ANTECEDENT CAUSE	•		
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF A	(8)		
RISE TO THE ABOVE CAUSE (A) STUNDERLYING CONDITION LAST.	TATING THE		
	(C)	***************************************	
II II			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 198. CON	LATED TO THE		
19A. DATE OF OPERATION 19B. CON WAS PER	IDITION FOR WHICH OPERATION		AUSES OF DEATH?
21 A. EXTERNAL CAUSE WAS	218. PLACE OF INJURY (e.g.,	in or about 21C. WERE DID (If in Boltimore City,	give exoct location)
21 A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB-	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	11 00
21D TIME (Month) (Doy) (Year	Home (Hour) 21E. INJURY OCCURRED	1224 N. Bentalou S	treet
OF INJURY (APPROX.)		WHILE	1
22. I certify that I held an I		[▼ }	
resulted fram: Natural ca	uses Accident A Suicid		nner
ACTUAL SIGNATURE	Touten M.D	CHIEF MEDICAL EXAMINER X	DATE SIGNED
EXAMINER'S	ell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER	August 2, 1967
23A. BURIAL CREMATION, 23B. DATE	23C. NAME OF CEMETERY	1	ity, town, or county) (State)
Burn 8/6/6	7 Int draha	w Bartman	
24A. DATE REC'D BY HEALTH GEPT.	248 NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
AUG 7 1967	Roberts E. In Secreta	mars four Plays	638N Gremer Sc
VS 151-REV. 1/1/65		-9 / 3 : 0	



B-400 BIRTH NO. 67. 7507 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N.67. 7507

M.E. CASE NO.						
NAME OF DEC	PACED				To page and their specialists	
Type of GEORGI	EASED	Ε.	RI	ELL	August 4, 1967	2:35 P
	MORE, MARYLAND, W			HA HEHIAL BEEL	DENICE (When decreed lived If in all	
				A. STATE Mar	wland B. cou	NTY
ULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION	ON, GIVE STREET	C. CITY OR TO	WN (If outside corporate limits, write	RURAL ond give township)
STITUTION	ADDRESS OR LOCA				ltimore	
2921 E1	licott Drive				DRESS (If rurol, give location)	
, .,	IIOOCC DIIVC				21 Ellicott Drive	
SEX	6. RACE	7. MARRIED, NE	VER MARRIED	B. DATE OF BIRT	TH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Male	Noaro	WIDOWED, DIV	ORCED(specify)	Dun i	5.1917 lost birthdoy	Months Doys Hours Min.
	Negro PATION (Give kind of wor		RRIED D	MOG . /	(Stote or foreign country)	12. CITIZEN OF
ne during most of w	rosking life, even if retired)				.14	WHAT COUNTRY?
FATHER'S NAM	LOADER	Jener	Cal DHIK	14. MOTHER'S A	BURG CO. VA	0.5A.
11/1/	11000	-11	/	100		
VVIL	DEVER IN U.S. ARMED	G L L	SOCIAL	17. INEQUIMANT	PRTHA JANE	ADDRESS
	(If yes, give wor or dote		SECURITY NO.	-	0 , 20216	pl < 11 10.
NO			229 26018	8 CThe	Bul did 6	work wit.
18.	OX.		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEAS	E OR CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH	Н	Suba	arachnoid	Hemorrhage	
heort foilure,	ot meon the mode of osthenio, etc. It meons application which caused	s the discose,	DUE TO	ruptured 1	berry aneurysm	
Injury or con	ipiicoiloii wiiici coosea	deoma				
A	NTECEDENT CAUSE	- C				
		:2	(B)			
	OR CONDITIONS, IF A	ANY, GIVING	(B).	aeaeaaaaaaaaa		
RISE TO THE		ANY, GIVING				
RISE TO THE	OR CONDITIONS, IF A E ABOVE CAUSE (A) S IG CONDITION LAST.	ANY, GIVING	(B)			
RISE TO THE	DR CONDITIONS, IF A E ABOVE CAUSE (A) S G CONDITION LAST.	ANY, GIVING				
RISE TO THE	DR CONDITIONS, IF A E ABOVE CAUSE (A) S IG CONDITION LAST. II IIIFICANT CONDITIONS DEATH BUT NOT RE	ANY, GIVING THE TATING THE CONTRIBUTING ELATED TO THE				
RISE TO THE	OR CONDITIONS, IF A BOVE CAUSE (A) S IG CONDITION LAST. II IIIFICANT CONDITIONS DEATH BUT NOT RE	ANY, GIVING STATING THE STATING THE STATING THE STATING TO THE G IT.	(C)	20A. AUTOPS	Y? (Yes, or No) 20B. IF YES, WERE FIR	NDINGS CONSIDERED
OTHER SIGN TO THE DISEASE OR	DR CONDITIONS, IF A BOVE CAUSE (A) S G CONDITION LAST. II STREAM CONDITIONS DEATH BUT NOT RE CONDITION COUSING OPERATION [198, CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CAUSING OPERATION [198, CONDITION COND	ANY, GIVING STATING THE STATING THE STATING THE STATING TO THE G IT.	(C)		Y? (Yes of No) 20B, IF YES, WERE FIN	SES OF DEATH?
OTHER SIGN TO THE DISEASE OR 19A. DATE OF	OR CONDITIONS, IF A BOVE CAUSE (A) S G CONDITION LAST. II SIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 19B, CON WAS PER CAUSE WAS	ANY, GIVING STATING THE SCONTRIBUTING ELATED TO THE G IT. NOTION FOR WHEFORMED	(C)ICH OPERATION	in or obout 21C.	Yes IN CERTIFYING CAUS	SES OF DEATH? Yes
OTHER SIGN TO THE DISEASE OR 19A. DATE OF	DR CONDITIONS, IF A BOVE CAUSE (A) S G CONDITION LAST. II HIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198. CON WAS PER CAUSE WAS	ANY, GIVING STATING THE SCONTRIBUTING ELATED TO THE G IT. NOTION FOR WHEFORMED	(C)	in or obout 21C.	Yes IN CERTIFYING CAUS	SES OF DEATH? Yes
OTHER SIGN TO THE DISEASE OR 19A. DATE OF 21A. EXTERNAL UNDERLYING UTING CAUS	DR CONDITIONS, IF A E ABOVE CAUSE (A) S G CONDITION LAST. II IIIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198, CON WAS PER CAUSE WAS OR CONTRIB- SE OF DEATH.	ANY, GIVING STATING THE SCONTRIBUTING SELATED TO THE G IT. NOTITION FOR WH RFORMED 21B. PL/ home, etc.)	ICH OPERATION ACE OF INJURY (e.g., form, foctory, street,	in or about 21C. office bldg., INJUR	Yes IN CERTIFYING CAUS WHERE DID (If in Boltimore City, given the property of	SES OF DEATH? Yes
OTHER SIGN TO THE DISEASE OR 19A. DATE OF UNDERLYING UTING CAUS	DR CONDITIONS, IF A BOVE CAUSE (A) S G CONDITION LAST. II HIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198. CON WAS PER CAUSE WAS	ANY, GIVING STATING THE GOVERNMENT OF THE GOVERN	ICH OPERATION ACE OF INJURY (e.g., form, foctory, sheet,	in or obout 21C. office bldg., INJUR	Yes IN CERTIFYING CAUS	SES OF DEATH? Yes
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OTHER SIGN TO THE DISEASE OR 19A. DATE OF LUNDERLYING UTING CAUSE OF INJURY (APPROX.)	OR CONDITIONS, IF A BOVE CAUSE (A) S G CONDITION LAST. II HIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198, CON WAS PER CONTRIB- SE OF DEATH. (Month) (Doy) (Yeo	ANY, GIVING STATING THE GOVERNMENT OF THE GOVERN	ICH OPERATION ACE OF INJURY (e.g., form, foctory, street, foctory, street, foctory) INJURY OCCURRED NOT AT W	in or obout 21C. office bldg, INJUR 21F. H	Yes IN CERTIFYING CAUS WHERE DID (If in Boltimore City, give occur?) TOW DID INJURY OCCUR?	SES OF DEATH? Yes
OTHER SIGN TO THE DISEASE OR 19A. DATE OF UNDERLYING UNDERLYING UTING CAUS	DR CONDITIONS, IF A BADOVE CAUSE (A) S G CONDITION LAST. II HIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198, CON WAS PER CAUSE WAS FOR CONTRIB- SE OF DEATH. (Month) (Doy) (Yeo	ANY, GIVING STATING THE STATING THE STATING THE STATING THE STATING THE STATING STATIN	ICH OPERATION ACE OF INJURY (e.g., form, foctory, street, form, foctory, form, foctory, form, foctory, street, form, foctory, foctory, form, foctory, form, foctory, form, foctory, form, foctory, form, foctory, form, foctory, foctory, form, foctory, foctory, foctory, foctory, foctory, foctory, foctory, foctory, foctory,	in or obout 21C. office bldg., INJUR 21F. H WHILE /ORK	Yes IN CERTIFYING CAUS WHERE DID (If in Boltimore City, girly OCCUR? TOW DID INJURY OCCUR?	SES OF DEATH? Yes
OTHER SIGN TO THE DISEASE OR 19A. DATE OF UNDERLYING UNDERLYING UTING CAUS	OR CONDITIONS, IF A BOVE CAUSE (A) S G CONDITION LAST. II HIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198, CON WAS PER CONTRIB- SE OF DEATH. (Month) (Doy) (Yeo	ANY, GIVING STATING THE STATING THE STATING THE STATING THE STATING THE STATING STATIN	ICH OPERATION ACE OF INJURY (e.g., form, foctory, street, foctory, street, foctory) INJURY OCCURRED NOT AT W	in or obout 21C. office bldg., INJUR 21F. H WHILE /ORK topsy X or	Yes IN CERTIFYING CAUS WHERE DID (If in Boltimore City, given the content of the	SES OF DEATH? Yes
OTHER SIGN TO THE UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF 19A. DATE OF UNDERLYING UNDERLYING CHINJURY (APPROX.)	OR CONDITIONS, IF A BOVE CAUSE (A) S G CONDITION LAST. II HIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198, CON WAS PER CONDITION CAUSING (Month) (Doy) (Yeo ify that 1 held on led from; Natural caused)	ANY, GIVING STATING THE STATING THE STATING THE STATING THE STATING THE STATING STATIN	ICH OPERATION ACE OF INJURY (e.g., form, foctory, street, form) INJURY OCCURRED LEE AT NOT NOT AT W. INSpection Augusticated Suicide	in or obout 21C. office bldg., INJUR 21F. H WHILE /ORK topsy X or CHIEF N	Yes IN CERTIFYING CAUS WHERE DID (If in Boltimore City, given the Color) TOW DID INJURY OCCUR? Ind that on this basis, death in making Undetermined monney MEDICAL EXAMINER	SES OF DEATH? Yes
OTHER SIGN TO THE DISEASE OR 19A. DATE OF UNDERLYING UTING CAUSE OF INJURY (APPROX.)	OR CONDITIONS, IF A BOVE CAUSE (A) S G CONDITION LAST. II RIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSE OF CONTRIB- SE OF DEATH. (Month) (Doy) (Yeo Tify that I held on the contribution of the con	CONTRIBUTING ELATED TO THE GIT. NOTIFICATION FOR WH RFORMED 21B. PL home, etc WHI w. Unquiry Inquiry Acc	ICH OPERATION ACE OF INJURY (e.g., form, foctory, street, form) INJURY OCCURRED LEE AT NOT NOT AT W. INSpection Augusticated Suicide	in or obout 21C. office bldg., INJUR 21F. H WHILE YORK TORK CHIEF A ASSISTANT A	Yes IN CERTIFYING CAUS WHERE DID (If in Boltimore City, given the color) OW DID INJURY OCCUR? Ind that on this basis, death In management of the color of the	SES OF DEATH? Yes Ye exoct locotion) DATE SIGNED
OTHER SIGN TO THE UNDERLYIN OTHER SIGN TO THE IDISEASE OR 19A. DATE OF 21 A. EXTERNAL UNDERLYING UNING CAUS 21 D TIME OF INJURY (APPROX.) 22. I certification of the company of the c	OR CONDITIONS, IF A BOVE CAUSE (A) S G CONDITION LAST. II WIFICANT CONDITIONS DEATH BUT NOT RE C CONDITION CAUSING OPERATION 198, CON WAS PER CAUSE WAS OR CONTRIB- SE OF DEATH. (Month) (Doy) (Yeo Ify that I held on Red from: Natural causes URE ER'S WETNET U	ANY, GIVING STATING THE STATING THE STATING THE STATING THE STATING THE STATING STATIN	ICH OPERATION ACE OF INJURY (e.g., form, foctory, street, form) INJURY OCCURRED LEE AT NOT NOT AT W. INSpection Augusticated Suicide	in or obout 21C. office bldg., INJUR 21F. H WHILE YORK TORK CHIEF A ASSISTANT A	Yes IN CERTIFYING CAUS WHERE DID (If in Boltimore City, given the Color) TOW DID INJURY OCCUR? Ind that on this basis, death in making Undetermined monney MEDICAL EXAMINER	SES OF DEATH? Yes we exact location) my oplinion er
RISE TO THE UNDERLYIN OTHER SIGN TO THE DISEASE OR 19A. DATE OF 21A, EXTERNAL UNDERLYING UNING CAUS 21D TIME OF INJURY (APPROX.) 22. certification ce	OR CONDITIONS, IF A BOVE CAUSE (A) S G CONDITION LAST. II HIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198, CON WAS PER CAUSE WAS OR CONTRIB- SE OF DEATH. (Month) (Doy) (Yeo Ify that I held on I Red from: Natural causing URE ER'S Werner U	SCONTRIBUTING ELATED TO THE GIT. NOTITION FOR WH RFORMED 218. PL/ home, etc 1. Spitz 2. Spitz 2. Spitz 2. Spitz 2. Spitz 3. Spitz 4. Spitz 5. Spitz 6. Spitz 7. Sp	ICH OPERATION ACE OF INJURY (e.g., form, foctory, street, form, foctory, foctory, form, foctory, foctory, foctory, form, foctory, f	in or obout 21C. office bldg., INJUR 21F. H WHILE YORK CHIEF M ASSISTANT M ASSOCIATE I	Yes IN CERTIFYING CAUS WHERE DID (If in Boltimore City, given the property of	DATE SIGNED 8/4/67
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OTHER SIGN TO THE UNDERLYING TO THE UNDERLYING UNDERLYING UNDERLYING OF INJURY (APPROX.) 22. Certification of the United Signature of Injury (APPROX.)	OR CONDITIONS, IF A BOVE CAUSE (A) S G CONDITION LAST. II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	SCONTRIBUTING ELATED TO THE GIT. NOTITION FOR WH RFORMED 218. PL/ home, etc 1. Spitz 2. Spitz 2. Spitz 2. Spitz 2. Spitz 3. Spitz 4. Spitz 5. Spitz 6. Spitz 7. Sp	ICH OPERATION ACE OF INJURY (e.g., form, foctory, street, form, foctory, foctory, form, foctory, foctory, foctory, form, foctory, f	in or obout 21C. office bldg., INJUR 21F. H WHILE YORK CHIEF M ASSISTANT M ASSOCIATE I	Yes IN CERTIFYING CAUS WHERE DID (If in Boltimore City, given the property of	DATE SIGNED 8/4/67
OTHER SIGN TO THE UNDERLYIN TO THE DISEASE OR TO THE DISEASE OR UNDERLYING UNDERLYING CAUSE OF INJURY (APPROX.) 22. I certification of the company of the c	OR CONDITIONS, IF A BOVE CAUSE (A) S G CONDITION LAST. II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	SCONTRIBUTING ELATED TO THE GIT. NOTITION FOR WH RFORMED 218. PL/ home, etc 1. Spitz 2. Spitz 2. Spitz 2. Spitz 2. Spitz 3. Spitz 4. Spitz 5. Spitz 6. Spitz 7. Sp	ICH OPERATION ACE OF INJURY (e.g., form, foctory, street, form) INJURY OCCURRED LEE AT NOT NAT WAT WAT WAT WAT WAT WAT WAT WAT WAT W	in or obout 21C. office bldg., INJUR 21F. H WHILE YORK CHIEF M ASSISTANT M ASSOCIATE I	Yes IN CERTIFYING CAUS WHERE DID (If in Boltimore City, given the property of	DATE SIGNED 8/4/67
OTHER SIGN TO THE UNDERLYING TO THE DISEASE OR TO THE UNDERLYING UNDERLYING CAUSE OF INJURY (APPROX.) 22. I certification of the Company of	OR CONDITIONS, IF A BOVE CAUSE (A) S G CONDITION LAST. II WIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OPERATION 198, CON WAS PER CAUSE WAS OR CONTRIB- SE OF DEATH. (Month) (Doy) (Yeo Ify that I held on I Red from: Natural ca JRE ER'S Werner U Type) MATION, 238, DATE BY HEALTH DEPT.	SCONTRIBUTING ELATED TO THE BLATED TO THE GIT. 21B. PL home, efc.) (Hour) 21E. WH m. WO Inquiry 23C. 23C.	ICH OPERATION ACE OF INJURY (e.g., form, foctory, street, foctory, foctory, street, form, foctory, street, foctory	in or obout 21C. office bldg., INJUR 21F. H WHILE YORK CHIEF M ASSISTANT M ASSOCIATE I	Yes IN CERTIFYING CAUS WHERE DID (If in Boltimore City, given the property of	DATE SIGNED 8/4/67

THE STREET OF THE STREET THE LANDON SHIRT DARY LOCKBOOK CO. VI. MILLIAM BELL The state of the s

23C. NAME OF CEMETERY OF CREMATORY

M. D. ASSISTANT MEDICAL EXAMINER X

ASSOCIATE MEDICAL EXAMINER

ACTUAL

REMOVAL (Specify)

VS 151-REV. 1/1/65

SIGNATURE

EXAMINER'S

NAME (Type)
23A. BURIAL CREMATION,

Werner

23B, DATE

Spitz

DATE SIGNED

(Stote)

8/5/67

CORR JACKSON GEORGER WE WHERE "FRANCE IN

Type or Print)	JOHN E	DWARD WEAVER, SR.	AUGUST 3,	
FULL NAMI HOSPITAL C INSTITUTION	E OF (If not in hospital oddress or location	RYLAND or institution, give street	4. USUAL RESIDENCE (Where deceose A. STATE 8. COUNTY MARYLAND	limits, writer RUBAN and give township)
SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (I	n yeors If Under 1 Yr. If Under 24 H Months Doys Hours Min.
MALE	COLORED		10-1-1882 84	
	of working life, even if retired)	HOTEL	BALTIMORE, MARYLANI	WHAT COUNTRY?
JOHN F	ROLAND WEAVER		MARY VIRGINIA BRY	CAN
	sed Ever in U. S. Armed Ford (Wn) (If yes, give wor or dote		Theresa Weaver - 13	36 DRUID HILL AVE.
	ANTECEDENT CAUSES	(9)		
rise la UNDERLY	OR CONDITIONS, if a line above cause (A) ING CONDITION last.	any, giving staling lhe (C) ONTRIBUTING		
OTHER SIGNATURE OF THE DISEASE	OR CONDITIONS, if a line above cause (A) in G CONDITION last. II GNIFICANT CONDITIONS C DEATH BUT NOT RELAD CONDITION CAUSING to	ONTRIBUTING TO THE TO TO THE TO DITION FOR WHICH OPERATION		1 100 110
OTHER SIND TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF T	OR CONDITIONS, if the abave cause (A) ING CONDITION last, II GRAPH BUT NOT RELADER CONDITIONS CONDITION CAUSING I OF OPERATION 198. CON	ONTRIBUTING LITED TO THE T. DITION FOR WHICH OPERATION FORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF IN CES	
OTHER SINTO THE DISEASE OF CONTINUE OF CON	OR CONDITIONS, if the abave cause (A) ING CONDITION last, III GNIFICANT CONDITIONS C DEATH BUT NOT RELA DR CONDITION CAUSING ! OF OPERATION 198. CON WAS PER! DENT WAS UNDERLYING LIBUTING CAUSE OF offy medicol exominer)	any, giving staling like (C) ONTRIBUTING (TED TO THE T. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	20A. AUTOPSY? (Yes or No.) 20B. IF IN CER n or obout 21C. WHERE DID (ffice bidg., INJURY OCCUR?	YES, WERE FINDINGS CONSIDERED RIFTING CAUSES OF DEATH? If in Boltimore City, give exact location) CUR?
NO THER SIN UNDERLY OTHER SIN UNDERLY OTHER SIN UNDERLY OTHER SIN UNDERLY OTHER SIN UNDERLY IP A COLO IP	OR CONDITIONS, if the abave cause (A) ING CONDITION last, III CONDITION last, CONDITION last, CONDITION Last, CONDITION CAUSING 1 CONDITION CAUSING 1 CONDITION CAUSING 1 OF OPERATION 198. CON WAS PERF CONDITION CAUSE OF CONDITION CAUSE COND	ONTRIBUTING INTED TO THE T. DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Whith Work T) attended the deceased fram and alive an	20A. AUTOPSY? (Yes or No) 20B. IF IN CER IN CERTIFICATION CER IN CERTIFICATION	TYES, WERE FINDINGS CONSIDERED RIFTING CAUSES OF DEATH? If in Boltimore City, give exact location) CUR? Ita 2-3 196 It
NO THER SIN UNDERLY OTHER SIN UNDERLY OTHER SIN UNDERLY OTHER SIN UNDERLY OTHER SIN UNDERLY IP A COLO IP	OR CONDITIONS, if the abave cause (A) ING CONDITION last, III GNIFICANT CONDITIONS C DEATH BUT NOT RELA DR CONDITION CAUSING ! OF OPERATION 198. CON WAS PER! DENT WAS UNDERLYING ISBUTHOG CAUSE OF Diffy medicol exominer) (Month) (Doy) (Year) Ify that (1) (this hospital THE IIII III IIII	ONTRIBUTING STATED TO THE T. DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Work Work At Wo	20A. AUTOPSY? (Yes or No) 20B. IF IN CER n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCC 19	YES, WERE FINDINGS CONSIDERED RITFYING CAUSES OF DEATH? If in Boltimore City, give exact location) CUR? 19 6 19 6 238. DATE SIGNED 8 4 6 7

10.00

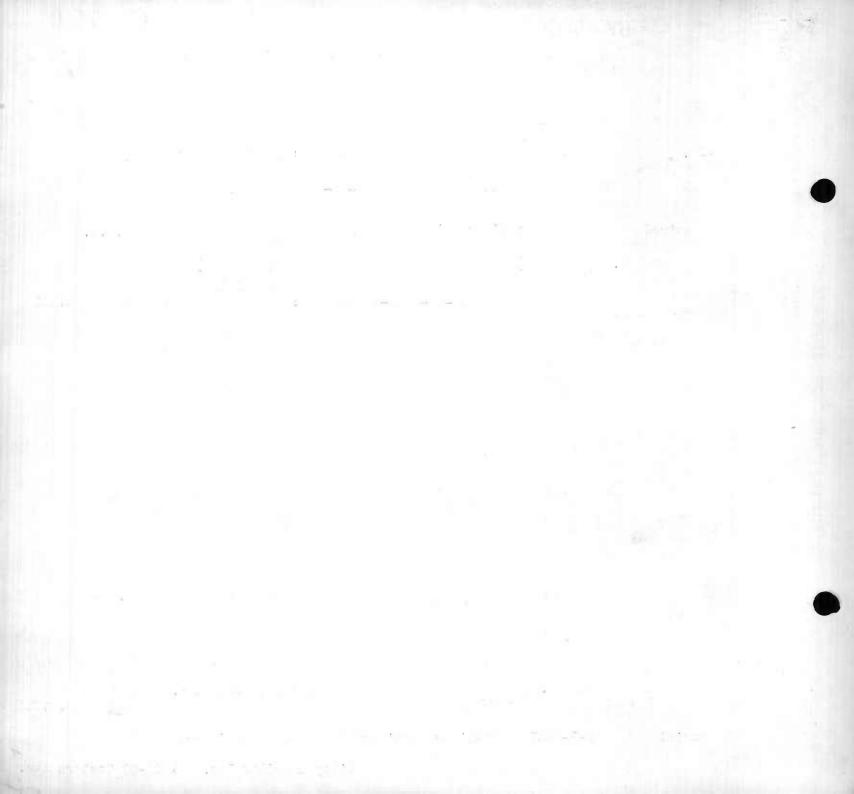
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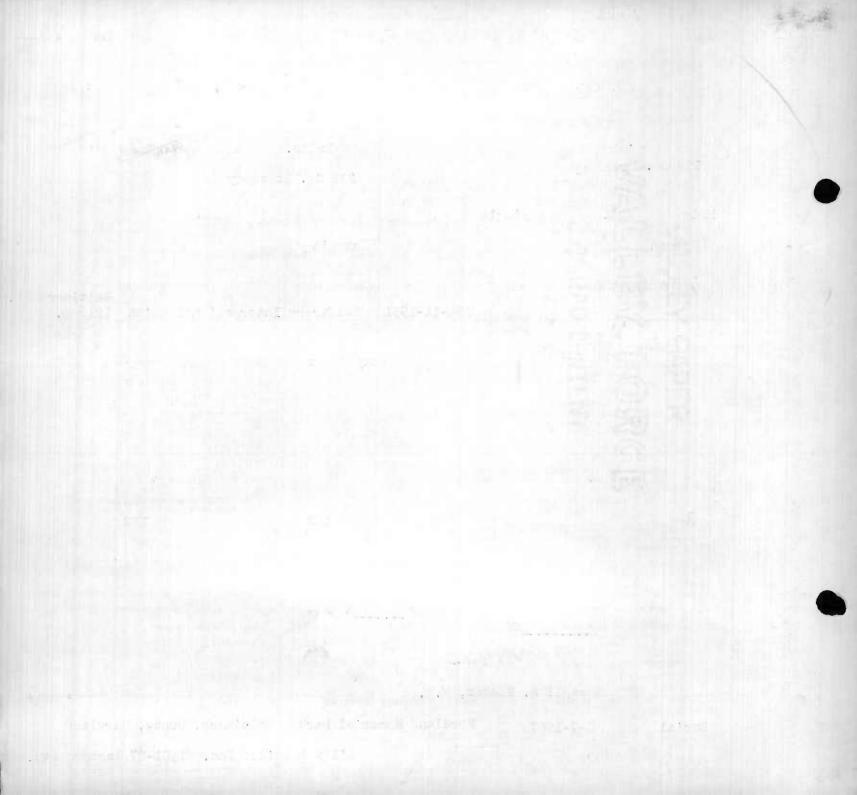
the state of the s

			BALTIMORE CITY	HEALTH DEPARTMENT		ATT PIPAG
BIRTH NO. M.E. CASE NO.	67 7510)	CERTIFICA	TE OF DEATH	Registered No.	67 7510
1. NAME OF D (Type ar Print)		- T.	Shee J.	SNEE) 2. DATE	AND HOUR OF DEATH	7 940 4
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WI	here deceased lived. Il in	nstitutian: residence befare admission)
FULL NAME HOSPITAL O INSTITUTION	R oddress ar lacotia	ry Hosp:		MARYLAND c. GRA LI IMORE (1)	outside city limits, with	RUPAL and give town lips
31	BALTIMORE, M		21224	6606	If rurol, give location) ELL STREET	21224
MALE	6. RACE WHITE	WIDOWA	NEVER MARRIED DIVORCED (specify)	5-29-1893	9. AGE (In years lost binhdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min,
	CUPATION (Give kind of wor al working lile, even if retired)	k 108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Retire		Baltim	ore City	MARYLAND	A A A F	U.S.A.
	CK J. (DECEAS	SED)			ECEASED)	
15. Was Deceas	ed Ever in U. S. Armed Fo wn) (If yes, give wor or dote	rces?	16. SOCIAL SECURITY NO. 218-10-5924-4	17. INFORMANT BOT	4940 EASTE	RN AVENDRESS
18. / /	2 V I		CAUSE O		BALTIMORE,	MARYLAND 21224
(This does	ASE OR CONDITION DI LEADING TO DEATH not mean the mode of e, osthenia, etc. It means	dying, e.g.,	DUE TO	Carcinoma	of lyng	ONSET AND DEATH
injury or c	omplication which caused ANTECEDENT CAUSES		(B) DUE TO		# # 6 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1	
rise lo	OR CONDITIONS, if the obove couse (A) NG CONDITION last.		(C)			
E TO THE	III SNIFICANT CONDITIONS (DEATH BUT NOT REL OR CONDITION CAUSING	ATED TO TH	G HE			
		IDITION FOR	WHICH OPERATION	YES	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CONTR	DENT WAS UNDERLYING DEUTING CAUSE OF		ne, lorm, loctary, street, al	fice bldg., INJURY OCCUR?	(II in Boltimor	e City, give exact locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		ille At Not While At Work	21F. HOW DID IN	NJURY OCCUR?	
thot (1) w	fy that (I) (this haspita e) lost sow the decease	ed alive an	9-3	May 24 19 b 7 and riew the body ofter death		inion death occurred on the dat
23A. SIGNA		Krue		ending Med.	Stoll Phys.	Aug. 3, 196
23C. PHYSIC	ROSS T.	Arm	2 ger M.D.	Ba 17940 F	ASTERN Avel	0 SP BALTO MD. 21224
24A. BURIAL C		24C. N	AME of CEMETERY of CRE	EMATORY 24D.	LOCATION (C	ity, town, or county) (State)
Burial	8-7-196		altimore Nation		Baltimore, M	laryland
25A. DATE REC	D BY HEALTH DEPT.	25B. NAME	P Talky MA	25C. FUNERAL DIRECTO	O R	ADDRESS
VS 150-REV. 1/	AUG 7 1967 (Colseil.		Lilly & Zeil	ler Inc. 19	001-07 Eastern Ave.
17		400		******		



BIR	TH NO.		MEDI	CAL EX	AMINER'S C	ERTIF	ICATE OF	DEATH Registe	ered No	67 7	511
M.	E. CASE NO.										
1. (Tv	NAME OF DE	CEASED					2. DATE	AND HOUR PRONOUNC	ED DEAD		
		VOLDER	MAR P	OLD			Aug	ust 3, 1967		5:35	P M.
3. 1	PLACE IN BALT	IMORE, MAR	YLAND, WI	TERE PRONOL	INCED DEAD	4. USUA A. STAT	L RESIDENCE (Who	ere deceosed lived, If ins		dence before odi	
FU HC	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ASTITUTION						Maryland	side corporate limits, writ		nd give township	p)
)/	0					Balto.	3	-0		5	
	238 So. Broadway				D. STREE	T ADDRESS (If ru	tol, give location	-			
	230 001	DIOAUW	ay			23	8 So. Broa	adway			
	EX	6. RACE		WIDO WED,	NEVER MARRIED DIVORCED (specify)	B. DATE		9. AGE (In years lost birthdoy)		Doys Hours	
M	ale LUSUAL OCC	White UPATION (Give	kind of work	108. KING OF	BUSINESS OR INDUSTR	Y 11. BIRTH	PLACE (State or for	reign country)	12. CITIZ	EN OF	
	e during most of									T COUNTRY?	
3.	Seaman FATHER'S NAM	A E				Esto	n18 IER'S MAIDEN NA	ME			
6	WAS DECEASE	D EVED IN II	C ABAAED 2	FORCES?	116, SO CIAL	17. INFOR	AA ANIT		ADDRE	-	
	s, no or unknown				SECURITY NO.	IV. INFOR	MANI		ADDRES	Baltimo	re S
					094-14-1951	Sea	farers In	ternational I	Inion	1216 E.	
Т	1B. 4-0	10.			CAUS	E OF DEA			J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	INTERVAL BET	
	DISEA	SE OR CONI		ECTIV						ONSET AND	DEATH
	DISEA	LEADING T	O DEATH	ECIEI	13	T					
	(This does	not meon the	mode of	dying, e.g.,	(A) F.	acty1	iver	· · · · · · · · · · · · · · · · · · ·			
	injury or co	mplication whi	ch coused d	eoth.)							
		NATE OF DENIS									
		OR CONDITI			(B) DUE TO			*************************************	•••••••••		
	RISE TO TH	E ABOVE CA	USE (A) ST	ATING THE	DUE 10						
7	UNDERLYIN	NG CONDITI	ON LAST.		(C)						
<u>ō</u>		li li									
CERTIFICATION		NIFICANT CO	NDITIONS								
문		DEATH BUT			HE						
RT					WHICH OPERATION	20A. A	UTOPSY? (Yes of N	lo) 208. IF YES, WERE FI	NDINGS C	ONSIDERED	
$\ddot{\circ}$	21		WAS PERF					IN CERTIFYING CAU	SES OF DE	ATH?	
AL	21 A. EXTERNA	L CAUSE WA	12	21B.	PLACE OF INJURY (e.g.,	in or obou	YES	(If in Boltimore City, gi	YES	ncotion)	
FDICA	UNDERLYING DEAU	OR CONTRIB	l-	home etc.)	, form, factory, street,	office bldg.	INJURY OCCUR?				
Σ	OF INJURY	(Month) (D	oy) (Yeor)	(Hour) 2	IE. INJURY OCCURRED		21F. HOW DID IN	NJURY OCCUR?			
	(APPROX.)			m V	HILE AT NOT	WHILE	1000				
	22.										
	l cer	tify that I he	eld on In	quiry	Inspection Au	topsy	ond that an	this basis, death in r	ny opinlo	n	
	resul	ted from: N	aturol cau	sesXX A	ccident Suicio	de 🗌	Hamicide 🗌	Undetermined monn	er _		
			1	5/	1	CH	IEF MEDICAL	EXAMINERX			
	SIGNAT	URE	08	Www	her M.C		ANT MEDICAL			DATE SIGN	IED
	EXAMIN NAME (Tunal -				ASSOCI	ATE MEDICAL	EXAMINER			
23A	BURIAL CRE	NU	SSell B. DATE		C. NAME OF CEMETERY	Or CREAM AT	O BY 23 D	LOCATION (City	At1		1967
	MOVAL (Specify		- 5415	23	OF THE OF CENTELEKI	OI CREIVIA	230	. LOCATION (City	, lowil, of	(3)	0107
	Burial		-7-196		Moreland Me	morial	Park B	altimore, Cour	ty. M	aryland	
	. DATE REC'D				OF REGISTRAR	24C.	FUNERAL DIRECT		1	ADDRESS	
	ALIG	7 106	700	E 0	In O. 11 Th	T.4	11v & 701	lan The Tor	1-07	Factons	Azza

VS 151-REV. 1/1/65



	CERTIFICA	ATE OF DEATH Registered No.	67. 7512
1, N	AME OF DECEASED	2. DATE AND HOUR OF DEATH	7 1.5 011
	SAMUEL JOHN EVERD	8-3-67	1 3:45 PM
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where decaased lived, If in A, STATE B, COUNTY	nstitution: residanca bafaia admission
	FULL NAME OF (If not in haspital or institution, give street	MARYLAND	
11	HOSPITAL OR addrass or location) NSTITUTION	C. CITY OR TOWN flf outside city limits, with	RURAL and give towns (ip)
	THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rural, give location)	
3	3	meter com	21231
5. S	EX 6. RACE 7. MARRIED, NEVER MARRIED		
	WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 12-29-26 9. AGE (In years lost bidhdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR		In comment
done	e during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?
	Painter	Baltimore, Maryland	
13. [FATHER'S NAME	14. MOTHERS MAIDEN NAME	
	NICHOLAS Everd	MARGARET ZEBERLI	INE
15. V	Was Deceased Ever in U. S. Armod Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	220-12-7055	Mrs. Jeanette Everd 620	C Down Church
/	18. D / Q) 1 CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	of Secondary Addison's Diseas	C ONSET AND DEATH
	LEADING TO DEATH	iliary Tuberculosis	18 months effec
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,		00000000000000000000000000000000000000
	injury ar complication which caused death.)		
	ANTECEDENT CAUSES (B) DUE TO	W.	
	DISEASES OR CONDITIONS, if any, giving		
	rise to the above cause (A) stating the (C) UNDERLYING CONDITION lost.		
	11		
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
ERT	Nove	110	
_	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY fa.g., home, form, factory, street,	in ar about 21 C. WHERE DID (If in Bottimore office bldg., INJURY OCCUR?	a City, give exact lacation)
ICA	DEATH (notify medical examiner) No he etc.)		
MEDIC	21D. TIME (Month) (Day) fleat (Hout) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	,
<	(APPROX.) While At Not What Work Not Work	. 🗆 /	10
	22. I certify that (I) (this hospital) attended the deceased from	7/29 196710 8/	5 1967
	that ((we) lost sow the deceased alive on \$ 3 6 2 3:	45PM 19 ond that in (my) (our) opi	nion deoth accurred on the da
	ond hour and from the couses stated above. (We) (did) (did not)		
	23A. SIGNAJURE	555, 5	23B. DAYE SIGNED
	John R Stone M.D. A.	tending Mad. Staff ys. Phys.	\$13167
	23C. PHYSICIAN'S	23D. ADDRESS	
	John R. Stone	Johns Honkins Hospital	
24 A	BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF C		ity, tawn, ar county) (State)
	REMOVAL (Specify)		
	Burial 8-8-1967 Holy Rosary	Baltimore Coun	ty, Maryland
25 A	AUG 7 1967 Police of Registration		
		Lilly & Zeiler Inc. 190	1-07 Eastern Ave.
VC '	150-REV. 1/1/65		

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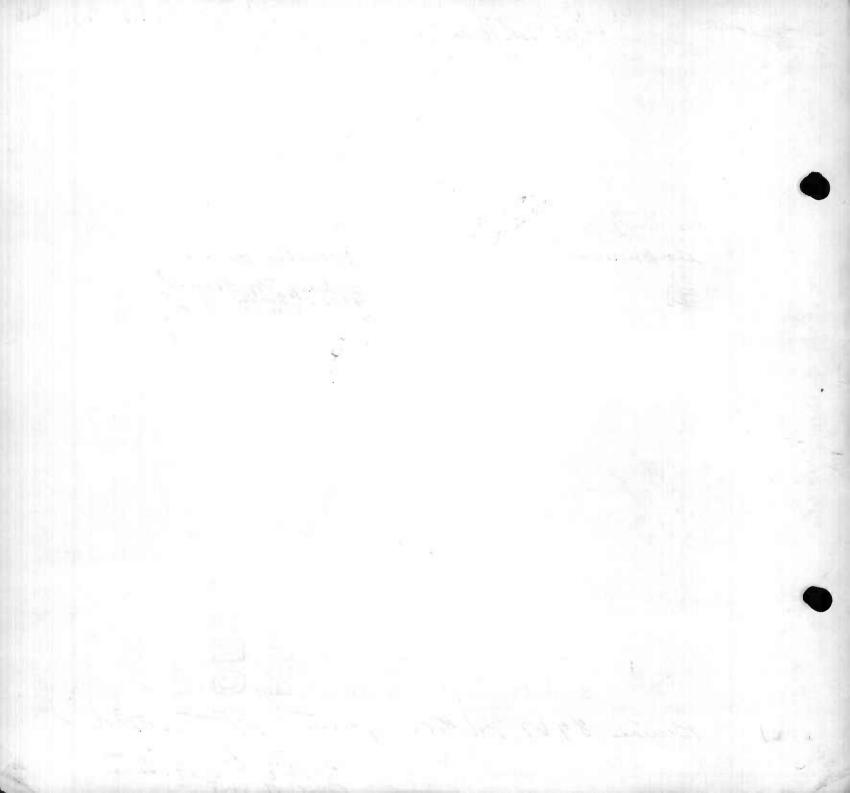
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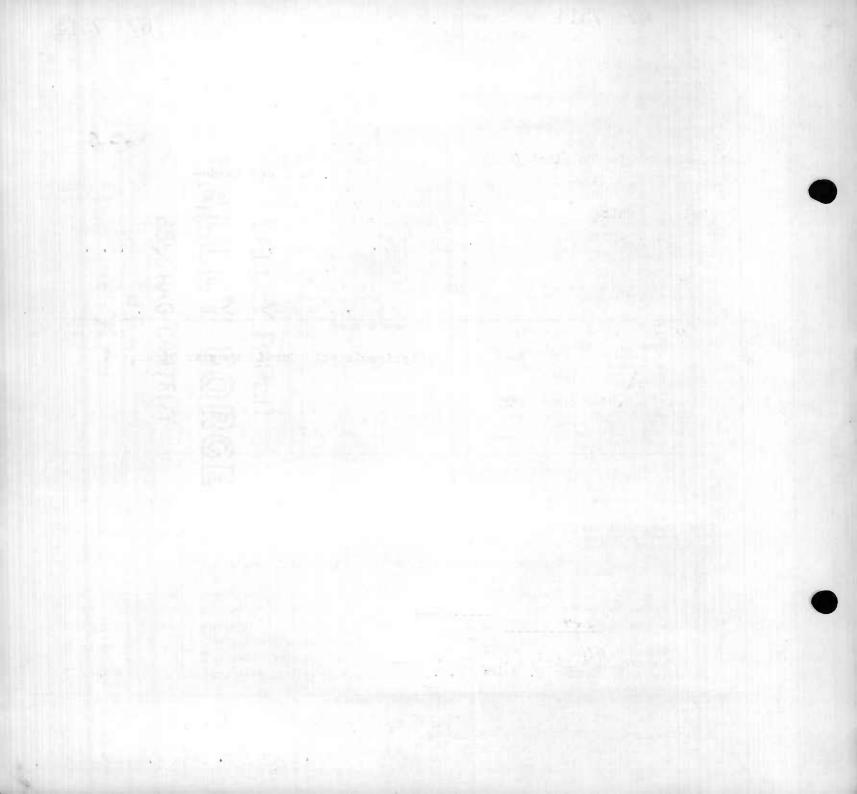
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. Suc	(Тур	AME OF DECI	ROSE	CAM	BELL, Boss		and Hour of DEATH	, , ,
ath	3. F	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		A. STATE B. CO		institution: residence before admission
	1	OSPITAL OR	F (If not in hospital address or location	or institution,	give street	C. CITY OR TOWN		RURAL ond give township)
j	1 11	NSTITUTION	1/ 54		10.11 1.10	BALTIMOR		, negative one give to manipy
	1	LUIHERI	AN HOSPITAC	01	MAKYCAMP	D. STREET ADDRESS	(If rural, give location)	84.
ľ	5. S	EX	6. RACE	7. MARRIEC	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr If Under 24 Hrs
100		EMALE	C	Sepa	D, DIVORCED (specify)	7-26-21	46	Months Doys Hours Min.
			PATION (Give kind of wo	k 108. KIND 0	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	6	NETTPL	OYED			KY.		USA
		FATHER'S NAM				14. MOTHER'S MAIDEN	NAME	
		unks				Rosa Lee	BULL	
			(If yes, give wor or do		1 6. SOCIAL SECURITY NO.	andrey	n 3toppe	ADDRESS
		KU				4003 25	reed torke	Jame.
		18. STAS	E OK CONDITION D	DECTI V	CAUSE	DE DEATH	V	ONSET AND DEATH
			LEADING TO DEATH		(A)	SASTRO INI	ESTINAL	6 days.
		heart foilure,	of mean the mode o osthenia, etc. 11 mean	s the disease	, DUE TO	SASTRO INI HAEMOR	RHACE	
ı			plication which couse NTECEDENT CAUSE		(B)	77.0.79	CM, OC	
ľ			R CONDITIONS, if		DUE TO		***	**************************************
		rise to the	above couse (A)					
		ONDEREINING	II					
	ATION	TO THE DI	FICANT CONDITIONS FATH BUT NOT REL	ATED TO TI	HE			
ı	ERTIFIC	19A. DATE OF	OPERATION 198. COL	NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
	CER	21A. ACCIDEN	IT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DIE	O (If in Boltimo	ore City, give exact location)
	CAL	DEATH (notify	TING CAUSE OF medical examiner	ho		office bldg., INJURY OCCUR	7	
		21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED		INJURY OCCUR?	POR BUILDING
	5	(APPROX.)			hile At Not Whi	le		
		22. I certify	that (}) (this hospite	l) attended	the deceased fram	8-1-	1967 to	8-4- 1967
		that (I) (we)	last saw the deceas	ed alive an.	8-4-	19 6 7 and	I that In(my) (aur) as	pinian death accurred an the da
			A //	ited abave.	(I) (We) (did) (did nat)	view the body after dea	th.	
		23A. SIGNATÜ	RE O		M.D. AH	ending Med.	Stoff C	238, DATE SIGNED
			V . 1771		Phy	rs. Director	Phys.	8-4-0/
		23C. PHYSICIA	N'S	4		MUUNEJJ	OPA TO MA	11151 25 21211
		23C. PHYSICIA NAME (T)	rs S. A	2/2	M.D.	LUTHERAN HOS	MITAL OF 110.	BALTIMORE, TO 21216
	24A	23C. PHYSICIA NAME (T)	AATION, 248, DATE	2/2 2/2	IAME OF CEMETERY OF CR	EMATORY 240		City, town, or county) (State)
		NAME (T)	AATION, 248. DATE	777		y centery 24th	Buelina	
		NAME (T) BURIAL CREA REMOVAL (S) LUCIAL DATE REC'D	AATION, 248. DATE pecify 8.9, 6	777	VAME OF CEMETERY OF CR	EMATORY 240	Buelina	City, town, or county) (Stote)



1	67 7514 BALTIMORE CITY HEA	ALTH DEPARTMENT			
0 200		CERTIFICATE OF DEATH Registered No. 7514			
5.020	M.E. CASE NO.				
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD			
	HENRY	August 5, 1967 12:25 P. M.			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland			
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
3	John Joshina Hamital (DOA)	Baltimore D. STREET ADDRESS (If rurol, give locotion)			
	Johns Hopkins Hospital (DOA)	112 N. Lakewood Avenue			
99	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs,			
	WIDOWED, DIVORCED(specify)	lost birthdoy) Months, Doys, Hours, Min.			
	Male White 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST)	STATE OF THE STATE			
	done during most of working life, even if retired)	WHAT COUNTRY?			
	Machinist Bethlehem Steel (14. MOTHER'S MAIDEN NAME			
	Henry Steep	Elizabeth ?			
	15. WAS DECEASED EVER'IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS			
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mrs. Fredericka Steeg 112 N. Lakewood Ave			
B E I I I	//O	SE OF DEATH INTERVAL BETWEEN			
	4-000 · 1 1	ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)Arteri	iosclerotic Cardiovascular Disease			
	heart failure, asthenia, etc. It means the disease,				
	injury or complication which coused death.)				
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO				
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
	(C)				
	OF II				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
	DISEASE OR CONDITION CAUSING IT.	200 AUTORIVA (V N.) 200 IP VES WERE EINDINGS CONSIDERED			
	WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
	ZIA. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g.	NO , in or obout 21C. WHERE DID (If in Boltimore City, give exact location)			
	UNDERLYING OR CONTRIB-	office bldg., INJURY OCCUR?			
	E 21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
		T WHILE			
	22.	WORK			
		utopsy and that an this basis, death in my apinian			
	resulted fram: Natural causes X Accident Suici				
	ACTUAL //// S -)	CHIEF MEDICAL EXAMINER DATE SIGNED			
	SIGNATURE WARREN II CRIFF M.D.	ASSISTANT MEDICAL EXAMINER X			
	EXAMINER'S WEITIET U. SPILL IT. D. SPILL IT.	ASSOCIATE MEDICAL EXAMINER 8/6/67			
	23A. BURIAL CREMATION, 23B. DATE 239. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)			
	Burial 8/9/1967 Mount Carm	nel Cemetery Baltimore, Maryland			
	24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	rel Cemetery Baltimore, Maryland [240. FUNERAL DIRECTOR ADDRESS			
	AUG 7 1967 Robert E. Farley M.	John A. Monan Inc. 3000 E. Baltimore St.			
	VS 151-REV. 1/1/65	Joseph Jacob Control of St.			



CHIEF MEDICAL EXAMINER

ACTUAL
SIGNATURE
EXAMINER'S
NAME (Type)

RUSSell S. Fisher M.D.

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

AUG 7

AUG 7

1967

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ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

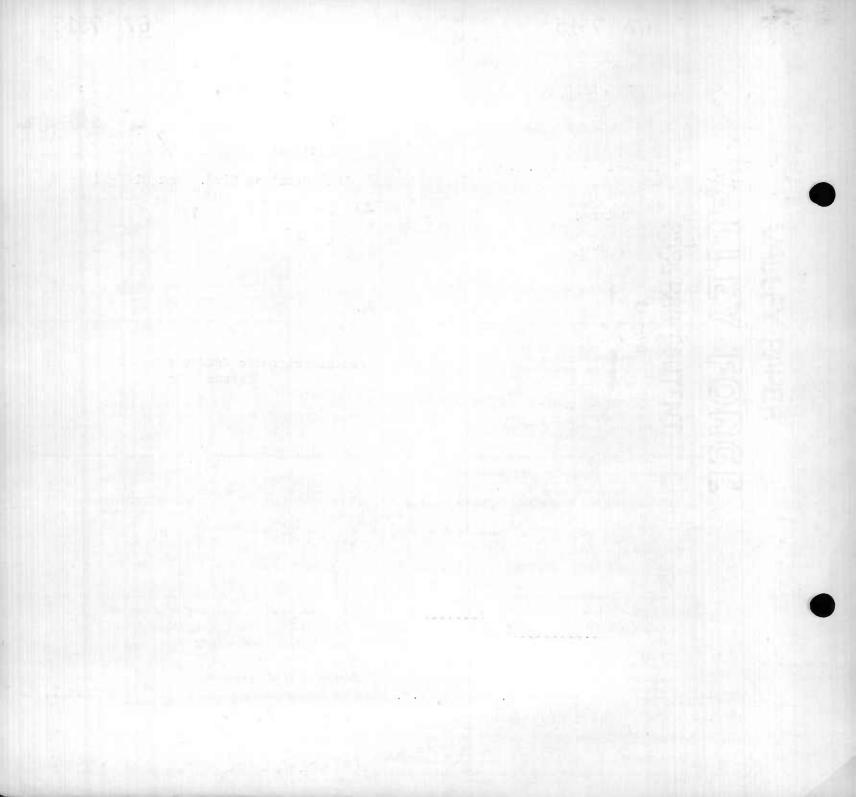
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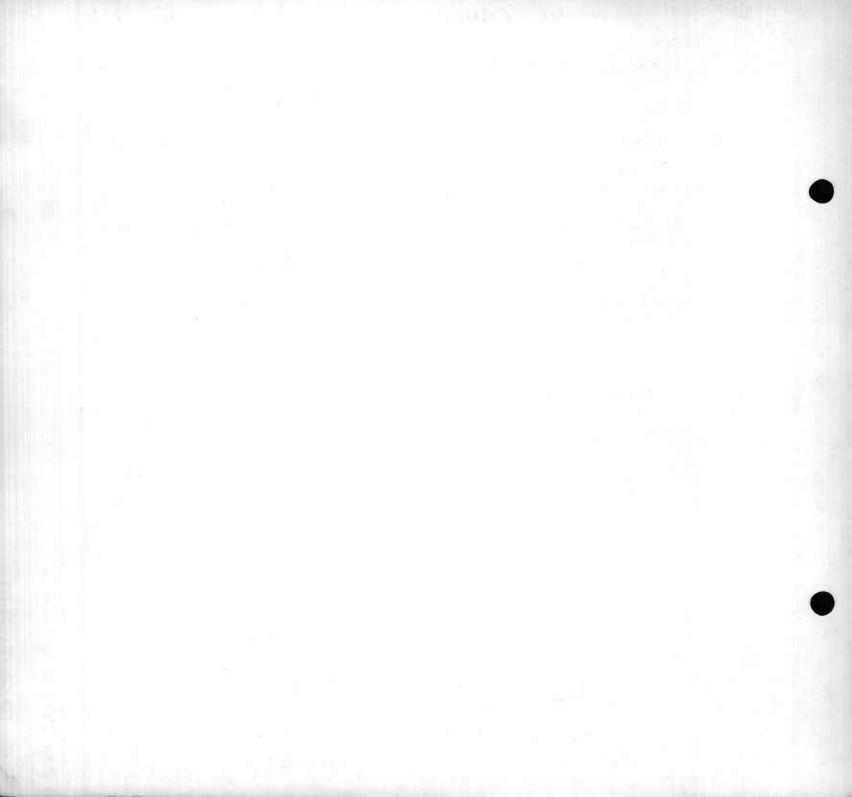
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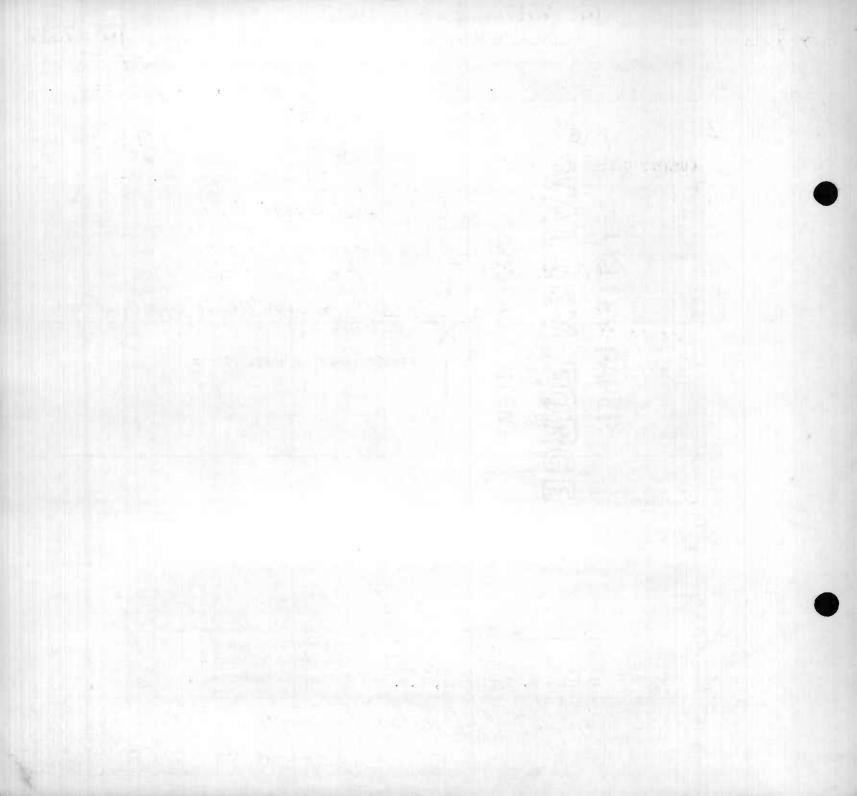
67 7	516 BALTIMORE CITY	HEALTH DEPARTMENT	6	7 7516
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No	1 1010
A.E. CASE NONAME OF DECEASED		2 DATE A	ND HOUR OF DEATH	
	E. DANIELS	8	- 2 - 67	H: 45 A
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh A. STATE B. COU	NITV	
FULL NAME OF (If not in hospital or institu	tion, give street	MARYLAND	625 N. BRIC.	EST. BALTO 2121
HOSPITAL OR oddiess or location) INSTITUTION	non, give sheet	C. CITY OR TOWN (If o	utside city limits, write R	RURAL and give township
LUTHERAN HOSPITAL	OF MARYLAND	BALTIMOR		16-07
LUTHERAN HOSPITAL	01 1011-121-1-	D. STREET ADDRESS (I		
		625 N. 1	BRICE ST.	
TENALE WID	RIED, NEVER MARRIED QWED, DIVORCED (specify)	12-25-80	9. AGE (In years lost birthday) 0 /	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
DA. USUAL OCCUPATION (Giye kind of work 108, KIN	MIDOW		00	130 0000000
one during most of working lift, even if retired	D OL BOZINEZZ OK INDOZIKI		eign country!	12. CITIZEN OF WHAT COUNTRY?
NONE Housewife		FLORIDA		U.S.A.
B. FATHERS NAME	0. /-	14. MOTHER'S MAIDEN NA	AME 1	
allered a	Casta	Frahel 1	lautor	
. Was Deceased Ever in U. S./Armed Forces?	1 6. SOCIAL	17. INFORMANT	40-	ADDRESS
es, no or unknown) (If yes, give wor or dates of serv	ice) SECURITY NO.	VOUTH DIEE OF	106 HER. 62	9 N. BRICE ST. BAC
UNKNOWN			10000000	
18. 578 X I	CAUSE C	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		PROTAL HARY	- DOLLAR F	7 /
(This does not mean the mode of dying,	e.g., DUE TO	ECTAL HAEH	OKATINGE	1 days
heart failure, asthenia, etc. It means the dis-				
injury or complication which caused death.)	(P)			
ANTECEDENT CAUSES	DUE TO		***************************************	
DISEASES OR CONDITIONS, if ony, g				
UNDERLYING CONDITION last.	(0)		***************************************	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIB				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
		No		
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in a about 21 C. WHERE DID iffice bldg., INJURY OCCUR?	(If in Bottimore	City, give exact lacation)
	etc.)	-		
21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)	While At Work At Work	le 📗		
22. 1 certify that (t) (this haspital) attend		7-9%	1967	8-2 1967
		4		
that (4) (we) last saw the deceased alive				nian deoth occurred on the do
ond hour and from the couses stated about	ve. (I) (We) (did) (did not)	view the body after deoth	•	
23A. SIGNATURE			6. 11	23B. DATE SIGNED
J. fru	M.D. Atl	ending Med. Director	Stoff Phys.	8.2-67
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		11 4 41 1
S. AZIZ	M.D.	LUTHERAN 1	tospiral of MAR	YLAND, BALTO, 170217
	CHAME OF CEMETERY OF CR			y, town, or county) (State)
RETHOVAL (Specify) 8/2-//7	Ox O. Tue Man	mint tax 6	14 Keiters / My	Thum I mill
Sures 2/3/0/	generos mun	oun juin	Under Ou	minus) Ina
AUG 7 1967 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	Keus 222	221 MARCH UNE
1001 PGG	ub E. Farkey Ma	Je many	3 Yha	theye, me
S 150-REV. 1/1/65			7.5	111111



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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 7517

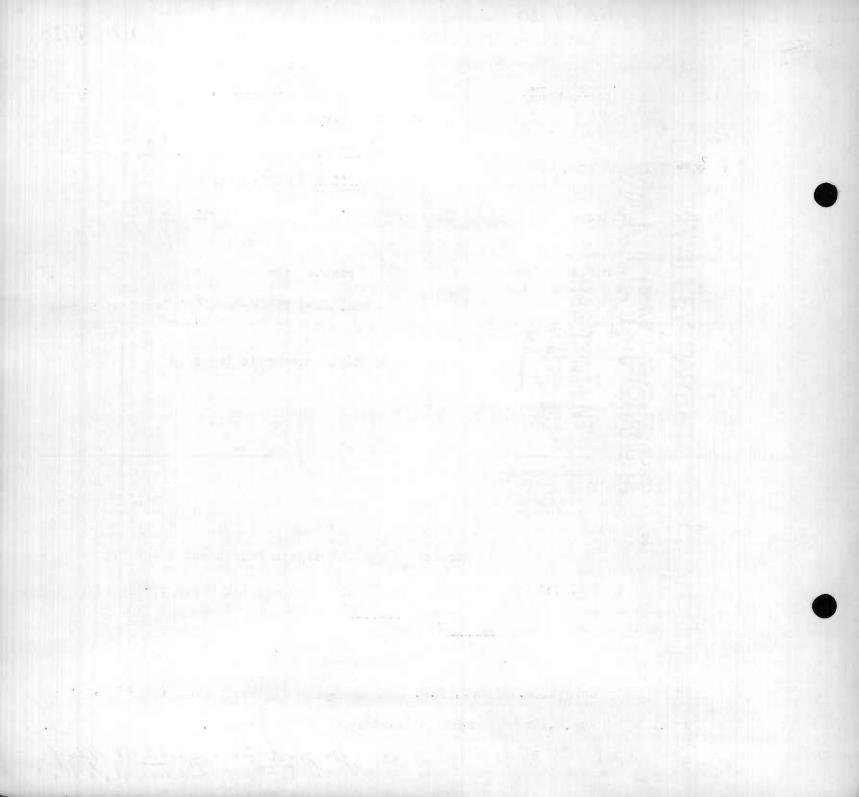
Type or Print)				2. DATE AND HOUR PRONOUNCED	DEAD	
1. NAME OF DECEASED (Type or Prin)) VERNON O. NEWBY						
VERNON O. NEWBY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDE	August 2, 1967 NCE (Where deceased lived, II institut	5:25 P. M.	
STEACE IN SACINGED MAKENING WILLIAM TO SEE			A. STATE	yland B. count	TY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (IVE STREET ADDRESS OR LOCATION)				N (II outside corparate limits, write R	URAL and give township)	
			17-04			
				timore		
725 George Street			D. STREET ADDRESS (II rural, give locotion)			
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED			725 George Street Apt. 11-H			
SEX 6. RACE		IVORCED/(specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. II Under 24 Hrs. Manths Doys Haurs Min.	
Male Neg	ro Mars	reed	A481,08	1848 68		
A. USUAL OCCUPATION (GI	ve kind of work 10B. KIND OF	BUSINESS OR INDUSTR	TYTE BETHPLACE	State or foreign country),	2. CITIZEN OF WHAT COUNTRY?	
ne during most of working life, e	/en if refifed)		Auhk	er. Virginia	WHAT COUNTRY:	
FATHER'S NAME	4	P	14. MOTHER'S MA			
a	cour her	vey/	To lie	y, Harris		
WAS DECEASED EVER IN	U.S. ARMED FORCES?	16. SO CIAL	17. INFORMANT	A	DDRESS	
es, no orunknawn) (If yes, give	war ar dates of service)	SECURITY NO.	+M. Ola	raid newly 24:	y Westwood an	
		231-03-086	1001 401	vale Herry 240	chill common or	
18. 2/2A.O		CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CON	DITION DIRECTLY				ONSET AND DEATH	
	TO DEATH	Artei	cioscleroti	c heart disease		
(This does not mean the	he made of dying e.g., tc. It means the disease,	DUE TO				
injury or complication wh	nich coused death.)					
ANTECEDEN	T . CAUSES					
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO					
RISE TO THE ABOVE C	AUSE (A) STATING THE	DUE TO				
UNDERLYING CONDI	IION LAST.	(C)				
5	N.					
OTHER SIGNIFICANT C	II ONDITIONS CONTRIBUTING	G				
OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING					
OTHER SIGNIFICANT C TO THE DEATH BU DISEASE OR CONDITION	ONDITIONS CONTRIBUTING IT NOT RELATED TO THE ON CAUSING IT.	IE	20A ALITORSY	(Yes or No) DOR IF YES WEDE FIND	NNGS CONSIDERED	
OTHER SIGNIFICANT C TO THE DEATH BU DISEASE OR CONDITION 19A. DATE OF OPERATION	ONDITIONS CONTRIBUTING	IE		(Yes or No) 20B, IF YES, WERE FIND		
	ONDITIONS CONTRIBUTION IT NOT RELATED TO TH IN CAUSING IT. I 198. CONDITION FOR W WAS PERFORMED	HICH OPERATION	No	IN CERTIFYING CAUSES	OF DEATH?	
21A. EXTERNAL CAUSE W	ONDITIONS CONTRIBUTION OF RELATED TO THE ONE CAUSING IT. I 19B. CONDITION FOR WWAS PERFORMED (AS 21B. PI 18B- 21B. PI 18B- 21B. PI 18B- 21B. PI 18B- 21B. PI	HICH OPERATION	No	IN CERTIFYING CAUSES HERE DID (II in Boltimore City, give	OF DEATH?	
21A, EXTERNAL CAUSE WINDERLYING OF CONTR	ONDITIONS CONTRIBUTION OF RELATED TO THE ONE CAUSING IT. I 19B. CONDITION FOR WWAS PERFORMED (AS 21B. PI 18B- 21B. PI 18B- 21B. PI 18B- 21B. PI 18B- 21B. PI	HICH OPERATION	No	IN CERTIFYING CAUSES HERE DID (II in Boltimore City, give	OF DEATH?	
21A, EXTERNAL CAUSE WINDERLYING OR CONTROL UTING CAUSE OF DEATE	ONDITIONS CONTRIBUTING IT NOT RELATED TO TH IN CAUSING IT. I 19B. CONDITION FOR W WAS PERFORMED VAS 21B. PI home, etc.)	HICH OPERATION	in or about 21C. Washington bldg.	IN CERTIFYING CAUSES HERE DID (II in Boltimore City, give	OF DEATH?	
21A, EXTERNAL CAUSE W UNDERLYING OR CONTR UTING CAUSE OF DEA	ONDITIONS CONTRIBUTING IT NOT RELATED TO TH IN CAUSING IT. I 198. CONDITION FOR W WAS PERFORMED (AS 218. PI home, etc.) (Doy) (Yeon) (Hour) 211	LACE OF INJURY (e.g., lorm, factory, street,	in or obout 21C. Wooffice bldg., INJURY	HERE DID (II in Boltimore City, give OCCUR?	OF DEATH?	
21A, EXTERNAL CAUSE WE UNDERLYING OR CONTR. UTING CAUSE OF DEAT OF INJURY (APPROX.)	ONDITIONS CONTRIBUTING IT NOT RELATED TO TH IN CAUSING IT. I 19B. CONDITION FOR W WAS PERFORMED (AS 21B. Pi home, etc.) (Doy) (Yeor) (Hour) 211	LACE OF INJURY (e.g., lorm, factory, street,	in or about 21C. Waffice bldg., INJURY	HERE DID (II in Boltimore City, give OCCUR?	OF DEATH?	
21A, EXTERNAL CAUSE W UNDERLYING OR CONTR UTING CAUSE OF DEAT 21D TIME (Month) OF INJURY (APPROX.)	ONDITIONS CONTRIBUTING IT NOT RELATED TO TH IN CAUSING IT. I 198. CONDITION FOR W WAS PERFORMED (AS 218. PI home, etc.) (Doy) (Yeon) (Hour) 211	HICH OPERATION LACE OF INJURY (e.g., lorm, factory, street, E. INJURY OCCURRED HILE AT NOT ORK AT \	in or about 21C. Wanting of the bidge, INJURY 21F. HO WHILE	HERE DID (II in Boltimore City, give OCCUR?	exact lacotion)	
21A, EXTERNAL CAUSE WE UNDERLYING OR CONTROL TIME (Month) OF INJURY (APPROX.) 22. Certify that I	ONDITIONS CONTRIBUTING IN NOT RELATED TO THE NOT RE	HICH OPERATION LACE OF INJURY (e.g., lorn, factory, street, E. INJURY OCCURRED HILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	In or obout 21C. W office bldg., INJURY	HERE DID (II in Boltimore City, give OCCUR? W DID INJURY OCCUR?	exoct lacotion) opinlon	
21A, EXTERNAL CAUSE WE DEPOSE TO THE CAUSE OF DEAT OF INJURY (APPROX.) 22.	ONDITIONS CONTRIBUTING IT NOT RELATED TO THE NOT RE	HICH OPERATION LACE OF INJURY (e.g., lorm, factory, street, E. INJURY OCCURRED HILE AT NOT ORK AT \	In or obout 21C. W office bldg., INJURY 21F. HO WHILE utopsy ond de Homicia	HERE DID (II in Boltimore City, give OCCUR? W DID INJURY OCCUR? thot on this bosis, death in my Undetermined monner	exoct lacotion) opinlon	
21A. EXTERNAL CAUSE WE UNDERLYING OR CONTRUTING OR CONTRUTING OR CONTRUTING OF INJURY (APPROX.) 21D TIME (Manth) OF INJURY (APPROX.) 22. I certify that I is resulted from:	ONDITIONS CONTRIBUTING IN NOT RELATED TO THE NOT RE	HICH OPERATION LACE OF INJURY (e.g., lorn, factory, street, E. INJURY OCCURRED HILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	INC in or obout 21C. We office bldg., INJURY 21F. HO WHILE WORK ond topsy ond de Homicia CHIEF ME	HERE DID (II in Boltimore City, give OCCUR? W DID INJURY OCCUR? that on this basis, death in my Undetermined monner EDICAL EXAMINER	exoct lacotion) opinlon	
21A, EXTERNAL CAUSE WOUNDERLYING OR CONTRUING CAUSE OF DEA' 21D TIME (Manth) OF INJURY (APPROX.) 22. I certify that I I resulted from:	ONDITIONS CONTRIBUTING IN NOT RELATED TO THE NOT RE	LACE OF INJURY (e.g., foctory, street, E. INJURY OCCURRED HILE AT NOT AT V Inspection X Au Cocident Suicide NOT Suicide Suicident Suicide	INC in or obout 21C. W office bldg., INJURY 21F. HO WHILE propsy ond de Homicia CHIEF ME	HERE DID (II in Boltimore City, give OCCUR? W DID INJURY OCCUR? thot on this bosis, death in my Undetermined monner	exoct lacotion) opinIon	
21A. EXTERNAL CAUSE WOUNDERLYING OR CONTRUTING OR CONTRUTING OF DEATER OF INJURY (APPROX.) 22. I certify that I I resulted from: ACTUAL SIGNATURE	ONDITIONS CONTRIBUTING ONDITIONS CONTRIBUTION ON CAUSING IT. IN 1998. CONDITION FOR W WAS PERFORMED (AS 218, PI home, etc.) (Doy) (Yeor) (Hour) 211 m. Withheld on Inquiry Noturol couses Ac	HICH OPERATION LACE OF INJURY (e.g., lorn, factory, street, E. INJURY OCCURRED HILE AT NOT AT NOT AT NOT SUICE	INC in or obout 21C. W office bldg., INJURY 21F. HO WORK propsy ond de Homicia CHIEF ME ASSISTANT ME	HERE DID (II in Boltimore City, give OCCUR? W DID INJURY OCCUR? that on this bosis, death in my Undetermined monner DICAL EXAMINER	opinion DATE SIGNED	
21A, EXTERNAL CAUSE WOUNDERLYING OR CONTRUTING CAUSE OF DEAT OF INJURY (APPROX.) 22.	ONDITIONS CONTRIBUTING IN NOT RELATED TO THE IN CAUSING IT. IN 1998. CONDITION FOR W WAS PERFORMED (PAS 218. PI home, etc.) (Doy) (Yeor) (Hour) 211 m. W Wheld on Inquiry Noturol couses X Charles S. Spri	HICH OPERATION LACE OF INJURY (e.g., lorm, factory, street, lorm, factory, street, lorm, factory) E. INJURY OCCURRED HILE AT NOT AT N	INC in or obout 21C. W office bldg., INJURY 21F. HO WORK propsy ond de Homicia CHIEF ME ASSISTANT ME ASSOCIATE MI	HERE DID (II in Boltimore City, give OCCUR? W DID INJURY OCCUR? that on this bosis, death in my Undetermined monner DICAL EXAMINER	exoct lacotion) opinIon	
21A, EXTERNAL CAUSE WE WINDERLYING OR CONTRUTING OR CONTRUTING OF INJURY (APPROX.) 22.	ONDITIONS CONTRIBUTING IN NOT RELATED TO THE IN CAUSING IT. IN 1998. CONDITION FOR W WAS PERFORMED (PAS 218. PI home, etc.) (Doy) (Yeor) (Hour) 211 m. W Wheld on Inquiry Noturol couses X Charles S. Spri	HICH OPERATION LACE OF INJURY (e.g., lorn, factory, street, E. INJURY OCCURRED HILE AT NOT AT NOT AT NOT SUICE	INC in or obout 21C. W office bldg., INJURY 21F. HO WORK propsy ond de Homicia CHIEF ME ASSISTANT ME ASSOCIATE MI	There DID OCCUR? W DID INJURY OCCUR? thot on this bosis, death in my de Undetermined monner DICAL EXAMINER EDICAL EXAMINER	opinion DATE SIGNED	
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21A, EXTERNAL CAUSE WOUNDERLYING OR CONTROL 21D TIME (Month) OF INJURY (APPROX.) 22. certify that 1 resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (Type) 3A. BURIAL CREMATION, 2 EMOYAL (Specify)	ONDITIONS CONTRIBUTION ON TRELATED TO THE NOT RELATED TO THE NOT RELATED TO THE NOT CAUSING IT. IN CAUSING IT. IN 198 CONDITION FOR WE WAS PERFORMED (PAS 188- 198 CONDITION FOR WE WAS PERFORMED (Doy) (Yeor) (Hour) 211 Wheld on Inquiry William We will we	HICH OPERATION LACE OF INJURY (e.g., lorm, foctory, street, E. INJURY OCCURRED HILE AT NOTORK Inspection X Au coident Suicion M. D. Ingate, M. D. INAME of CEMETERY M. D.	In or obout 21C. We office bldg., INJURY 21F. HO WHILE Interpret ond de Homicia CHIEF ME ASSISTANT ME ASSOCIATE MI OF CREMATORY	There DID OCCUR? W DID INJURY OCCUR? thot on this bosis, death in my in the intermined monner	opinion DATE SIGNED August 3, 1967	
21A, EXTERNAL CAUSE WE WINDERLYING OR CONTRUTING OR CONTRUTING OF INJURY (APPROX.) 22.	ONDITIONS CONTRIBUTION ON TRELATED TO THE NOT RELATED TO THE NOT RELATED TO THE NOT CAUSING IT. IN CAUSING IT. IN 198 CONDITION FOR WE WAS PERFORMED (PAS 188- 198 CONDITION FOR WE WAS PERFORMED (Doy) (Yeor) (Hour) 211 Wheld on Inquiry William We will we	HICH OPERATION LACE OF INJURY (e.g., lorm, factory, street, lorm, factory, street, lorm, factory) E. INJURY OCCURRED HILE AT NOT AT N	INC in or obout 21C. W office bldg., INJURY 21F. HO WORK propsy ond de Homicia CHIEF ME ASSISTANT ME ASSOCIATE MI	There DID OCCUR? W DID INJURY OCCUR? thot on this bosis, death in my in the intermined monner	opinion DATE SIGNED August 3, 1967	
21A. EXTERNAL CAUSE WOUNDERLYING OR CONTRUTING OR CONTRUTING OR CONTRUTING OF CONTRUTING OF INJURY (APPROX.) 22. Certify that Certify th	ONDITIONS CONTRIBUTION ON TRELATED TO THE NOT RELATED TO THE NOT RELATED TO THE NOT CAUSING IT. IN CAUSING IT. IN 198 CONDITION FOR WE WAS PERFORMED (PAS 188- 198 CONDITION FOR WE WAS PERFORMED (Doy) (Yeor) (Hour) 211 Wheld on Inquiry William We will we	HICH OPERATION LACE OF INJURY (e.g., lorm, foctory, street, E. INJURY OCCURRED HILE AT NOTORK Inspection X Au coident Suicion M. D. Ingate, M. D. INAME of CEMETERY M. D.	In or obout 21C. We office bldg., INJURY 21F. HO WHILE Interpret ond de Homicia CHIEF ME ASSISTANT ME ASSOCIATE MI OF CREMATORY	There DID OCCUR? W DID INJURY OCCUR? thot on this bosis, death in my in the intermined monner	opinion DATE SIGNED August 3, 1967	



7518

BALTIMORE CITY HEALTH DEPARTMENT

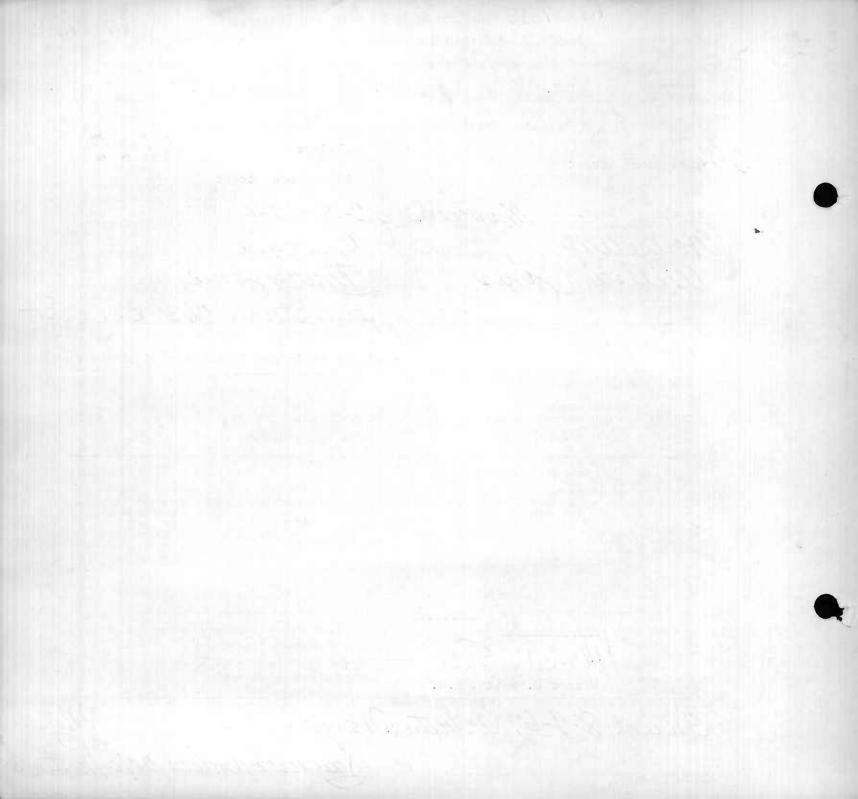
BIRT	H NO,	ME	DICAL EX	AMINER'S C	ERTIFICATE OF D	EATH Register	red Not 1010		
	CASE NO.								
1. N	AME OF DEC	CEASED			2. DATE AND	HOUR PRONOUNCE	D DEAD		
BARBARA WHITE 3. PLACE IN BALTIMORE, MAR ND, WHERE PRONOUNCED DEAD				INCED DEAD	August 3, 1967 8:35 p.m. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				ITION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
LUTHERAN HOSPITAL			Baltimore D. STREET ADDRESS (If rurol, give location) 1922 Ridgehill Avenue						
WIDOWED, DI		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH Feb. 13, 1955	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.				
Female Colored 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF done during most of working life, even if retired)		BUSINESS OR INDUSTRY	RY 11. BIRTHPLACE (State or foreign country) 12. CIT		12. CITIZEN OF WHAT COUNTRY?				
13. F	ATHER'S NAM	Charles	White		14. MOTHER'S MAIDEN NAME Rosetta Pope				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL				17. INFORMANT ADDRESS					
(Yes	, no or unknown	(If yes, give wor or	dotes of service)	SECURITY NO.	Mrs. Mary Richar	dson 616 D	ennison Street		
NO	heart follure, injury or cor A DISEASES RISE TO TH	not meon the mode osthenio, etc. It m mplicotion which cou NATECEDENT CA OR CONDITIONS, E ABOVE CAUSE (NG CONDITION LA	USES IF ANY, GIVING A) STATING THE	(B)	Multiple traumatio				
CERTIFICATION	TO THE	II NIFICANT CONDITION DEATH BUT NOT R CONDITION CAU	RELATED TO T						
	2,		PERFORMED	WHICH OPERATION	YES (Yes of No.) 20 IN	B. IF YES, WERE FING CAUS			
1ED	21 A. EXTERNA UNDERLYING! UTING CAU	CAUSE WAS OR CONTRIB- SE OF DEATH.	home etc.)	PLACE OF INJURY (e.g., form, foctory, street, construction of the street) Street IE. INJURY OCCURRED	in or obout 21C. WHERE DID (If office bidg., INJURY OCCUR? Payson St: 21F. HOW DID INJUR	reet and Ri	120 21		
	OF INJURY (APPROX.) 8 3 67 7:20 p WHILE AT NOT WHILE X Subject hit while riding bike 22.								
	I cert	tify that I held an ted fram: Natural		Inspection Au		basis, death in manned manner			
	ACTUAI SIGNAT EXAMIN	URE //	Menl	M.D	ASSISTANT MEDICAL EXA	MINER .	DATE SIGNED		
23A	NAME (her, M.D.	CREMATORY 23D. LO		August 4, 1967		
REA	Burial	Aug.	9,1967	Franklin Come	etery Fra	nklin	Va.		
		1		of REGISTRAN	Joseph J. C	ues 222	22 W. Neut		
VS	151-REV. 1/1/	65	4.2		2 22	House	mile, mes		



S-314 BIRTH NO.
M.E. CASE
L. NAME O

67. 7519 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67

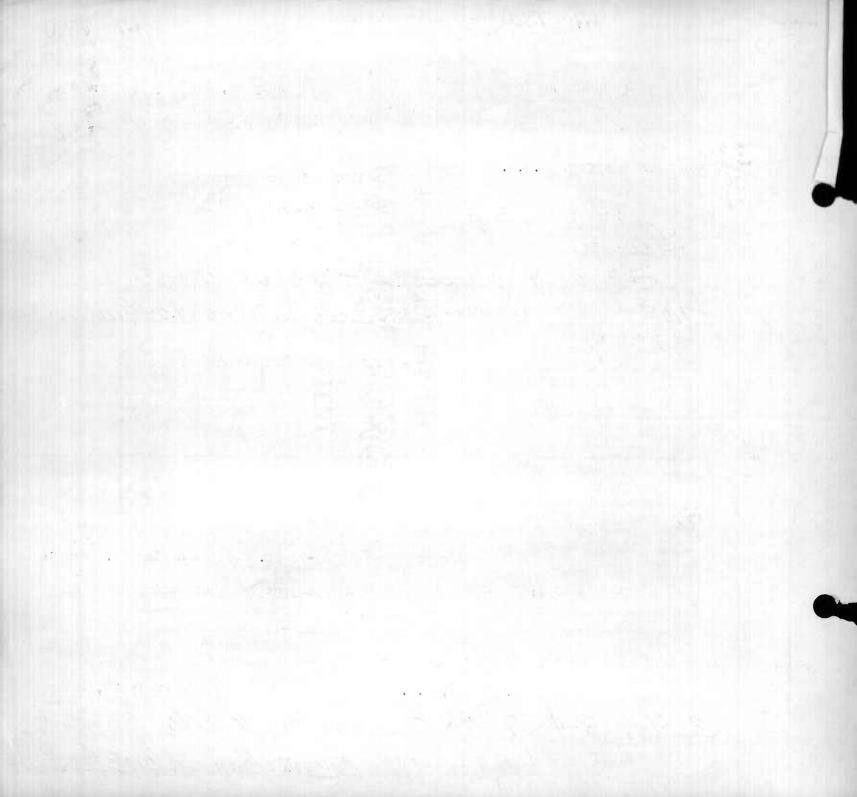
M.E. CASE NO.			
Type or Print)			2. DATE AND HOUR PRONOUNCED DEAD
LETTIE	I. STO	OVALL	August 5, 1967 10:35 A.
PLACE IN BALTIMORE, MARYLAND			IDENCE (Where deceased lived. If institution: residence befare admission and
ULL NAME OF (IF NOT IN HO OSPITAL OR ADDRESS OR L	SPITAL OR INSTITUTION, GIVE STREET OCATION)		OWN (If outside corporate limits, write BURAL and give township)
		Balti	
2630 Boone Street		D. STREET AD	DRESS (If rural, give location)
		2630	Boone Street
SEX 6. RACE Female Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BI	RTH 9. AGE (In years) If Under 1 Yr. If Under 24 Manths Days Haurs M
	work TOB. KIND OF BUSINESS OR INDU	ISTRY III. RIPTH BLAC	
Thomas mast of warking life, even if res	red)	Ge	WHAT COUNTRY?
FATHER'S NAME		14. MOTHER'S	MAIDENNAME
Milliam	xones)		grus sones)
WAS DECEASED EVER IN U.S. AR	MED FORCES? 16. SOCIAL	- INFORMAN	ADDRESS
es, na arunknawn) (If yes, give war ar	SECURITY NO.	10	St an nimb
		KUM.20	Sovall 3630 Doone
18.	CA	AUSE OF DEATH	INTERVAL BETWE
DISEASE OR CONDITION	DIRECTLY		OHSEL AND DEA
LEADING TO DE	ATH (A) A1	rterioscler	otic Cardiovascular Disease
(This daes not mean the mad- heart failure, asthenia, etc. It m	e of dying, e.g., DIJE TO		
injury or complication which cau	sed death.)		
ANTECEDENT CA	/ D1		
DISEASES OR CONDITIONS,	IF ANY, GIVING DUE TO	**	
UNDERLYING CONDITION LA			
	(C)	*******	
Di li			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU	RELATED TO THE		
19A. DATE OF OPERATION 119B.	CONDITION FOR WHICH OPERATION	20 A. AUTOP	SY? (Yes at Na) 208, IF YES, WERE FINDINGS CONSIDERED
WAS	PERFORMED	201111111111111111111111111111111111111	IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS	DIR BLACE OF INITION	1016	NO MUSES DID (II :- B-II: - C: - :
UNDERLYING OR CONTRIB-	home, farm, factory, streets.)	eet, affice bldg., INJU	WHERE DID (If in Baltimare City, give exact location) RY OCCUR?
21D TIME (Month) (Day)	(Year) (Haur) 21E. INJURY OCCUR	RED 21 F.	HOW DID INJURY OCCUR?
OF INJURY (APPROX.)	WHILE AT	NOT WHILE	
	m. WORK	AT WORK	
22. I certify that I held an	Inquiry Inspection X	Autapsy 🗌 💮	and that on this basis, death in my opinion
	(TY)		
resulted fram: Natura	Causes X Accident Su	icide Hami	cide Undetermined manner
1111		CHIEF	MEDICAL EXAMINER
ACTUAL / / / //	181 776	THATSISTANT	MEDICAL EXAMINER X
SIGNATURE //	July 1		
HAME (Type)	er U. Spitz, M.D.	361	MEDICAL EXAMINER 8/6/67
BA. BURIAL CREMATION, 23B. DAT	E 234. NAME CEMET	ERY OF CREMATORY	23D. LOCATION (City, town, or county)
Bridge O C	1-67 1244	· Mh	real (Cal) MA
Durial D	- Wille	DILAMO	may wik
4A. DATE REC'D BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C, UN	RAL DIRECTOR ADDRESS
AUG 7 196	7 Robert, E. Farker,	u X	was a for nintelle of
11946 100	hoom, c, moon,	1 au	our sunallasijo predo
161 061/ 1/1//6			



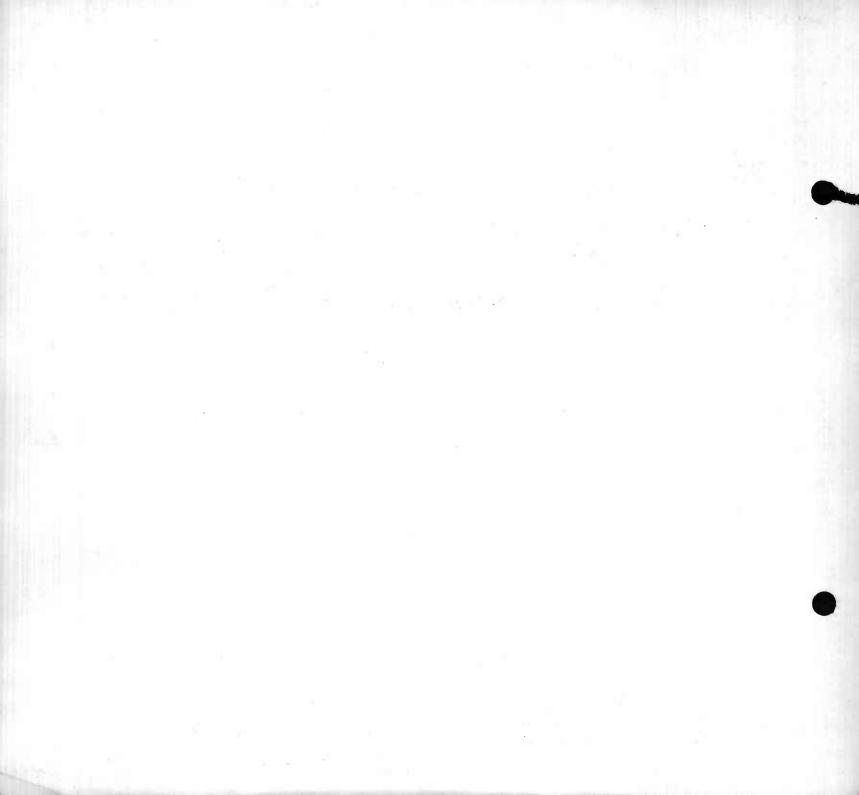
VS 151-REV. 1/1/65

67 7520 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7520

A.E. CASE NO.	
. NAME OF DECEASED Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
ROLAND JOHNSON	July 29, 1967 1:20 а м.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
NSTITUTION	Baltimore 20
PROVIDENTE HOCETTAL DO A	D. STREET ADDRESS (If rurol, give location)
PROVIDENT HOSPITAL D.O.A.	1725 Guilford Avenue
6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
WIDOWED, DIVORCED(specify)	Months, Days, Hours Min.
Male Colored OA. USUAL OCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTR	TY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF
lone during working life, even if retired)	Part : Als WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
9/10/10/10	of head of mare
OKNIN A Vennson SI	Jusque Moore
5. WAS DECEASED EVER IN U.S. ARMED FOR ES! 16. SOCIAL SECURITY NO.	17. INFORMANT
776 1 216-42-2098	Sitrice Rich Moor E 17-25- Fulland as
IB. CAUSI	E OF DEATH
DISEASE OR CONDITION DIRECTLY	ONS T AND DEATH
LEADING TO DEATH	ultiple gunshot wounds
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	The state of the s
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUILD NOT RELATED TO THE	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
✓ 21A. EXTERNAL, CAUSE WAS 21B. PLACE OF INJURY (e.g., home, farm, factory, street,	YES YES, in ar obout 21 C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING POR CONTRIB-	office bldg., INJURY OCCUR?
3	50-75 ft. East of Callow St. Even Side
OF INJURY	
(APPROX.) 7 29 67 1:00 am. WHILE AT NOT AT V	WHILE X Subject was shot during argument
22. I certify that I held on Inquiry Inspection Au	utopsy X and that on this basis, death in my opinion
resulted fram: Notural couses Accident Suicia	
Con a	CHIEF MEDICAL EXAMINER
ACTUAL / S/Ville	DATE SIGNED
SIGNATURE M.D.	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Russell S. Fisher, M.D.	July 29, 1967
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF GEMETERY	
REMOVAL (Specify)	lamite pala ma
24A, DATE REC'D BY HEALTH DEPT. 124B, NAME OF REGISTRAR	24C, FINERAL DIRECTOR ADDRESS
AUG7 1967 P. Pres & E STORBERM	Raymon Sandere 217 Etrectors



2	OP4 10		HEALTH DEPARTMENT	Cm	PIEO4
		521 CERTIFICA	TE OF DEATH	Registered Na. 0/	1321
1.N (Typ	CASE NO. CAME OF DECEASED COOR OF Print) PLACE OF DEATH IN BALTIMORE MARYLAND	Villiams,	SR, 8-	3-1965	11:00 P.M.
I	FULL NAME OF (If not in hospital or institu HOSPITAL OR oddress or location) NSTITUTION	ution, give street	Manyla		ond give township)
7	H. R. Winson-Co	wan Hasn	D. STREET ADDRESS (III	urol, give location)	1,5
5. 5	EX 6. RACE 7. MAI	RRIED, NEVER MARRIED OWED, DIVORCED (specify)		P. AGE (In years If U Mont	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.
10A don	USUAL OCCUPATION (Give kind of work 10B, KINe during most of working life, even if retired)	O I DOWE!	11. BIRTHPLACE (State or foreign		CITIZEN OF WHAT COUNTRY?
N	ETIPRESSMAN	VEWS. PADER	Baltim 14. MOTHER'S MAIDEN NAM	orE, md.	USA
	GEORGE Will	iams.	Elle	NEason	0/4
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? , no or unknown) (If yes, give wor or dotes of ser	16: SOCIAL SECURITY NO.	Ellan Ci CRO	is (891%).	Samo
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE C	F DEATH	10.1 6	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, heart failure, osthenia, etc. It means the dis injury ar camplication which caused death.)	e.g., DUE TO	ete Myo carde	at organium	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the above cause (A) stoling UNDERLYING CONDITION lost.	iving (C)	terioscleratic C egestevé Heart	Fuline	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES O	GS CONSIDERED OF DEATH?
CAL CE	21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)	n or obout 21 C. WHERE DID	(If in Boltimore City,	give exact location)
-	21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Not Whi Work At Work	21F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (*(this haspital) attended that (*(we) last sow the deceosed olive	9-3	1 4-	9 67 ta 8	19 65.
	and have and from the causes stated aba 23A. SIGNATURE WWW. W. (view the bady after death.		SY/1/1/2
	23C. PHYSICIAN'S NAME (Type) DONALD M.	Wood M.D.	12/3 Lig	ht St.	0/7/6/
1	REMOVAL (Specify)	4C. NAME OF CEMETERY OF CR	EMATORY 249/10	Con Burne	ADDRESS / (Stote)
	AUG 7 1967 0 0 6 8	Jalune C	a later C	URTIS E. EVA	NS 800 A CS ST 2 123



	CM	MEOO	IIT HEALIH DETA		No. 67 7522
BIRTH NO.	07.	CERTIFIC	ATE OF D	EATH Registered	No. UCC
M.E. CASE NO.	CEASED			2. DATE AND HOUR OF DEA	ATH
Type or Print)	Louis	e Copeland		August 1, 19	67 3:55 P
PLACE OF DE	EATH IN BALTIMORE, MAR		4. USUAL REST	DENCE (Where deceased lived.	If institution: residence before admissi
51111 111111	05 // 12 12 12 12 12		Maryla		\vee
HOSPITAL OR	oddress or location)	r institution, give street	C. CITY OR TO		rive RURAL and give township)
INSTITUTION	Provident	Hospital, Inc.	Baltim	and the same of th	5-06
39		sion Street	D. STREET ADE		1
		, Maryland 21217	107 Al	bamarle Street	
5. SEX		7. MARRIED, NEVER MARRIED	8. DATE OF BIR	TH 9. AGE (In years	If Under 1 Yr. If Under 24 I Months: Doys Hours Min
Female	Negro	WIDOWED, DIVORCED (specify) Widowed	10-12-	1903 lost birthdoyl	
OA. USUAL OCC	UPATION (Give kind of work	108, KIND OF BUSINESS OR INDUS			12. CITIZEN OF
	(Domestic)		Virgin	ia	WHAT COUNTRY?
3. FATHER'S NA				MAIDEN NAME	
1				1 0 1	
Th	nom AS KAW	les	DATA	h Kawles	
	d Ever in U. S. Armed Forc	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ſ	ADDRESS
		212-32-305	6A Mr. The	omas Copeland (S	ion)2500 Druid Hil
1B. 15	3,11	CAUSE	OF DEATH		INTERVAL BETWEEN
	ASE OR CONDITION DIRE	ECTLY	1		ONSET AND DEATH
	LEADING TO DEATH	(A) C	ARCINDI	4A - GALL	
	nal meon the mode of , asthenio, etc. It means		BLAUDE	o (Far	
	mplication which caused		111000	K Flat	
	ANTECEDENT CAUSES	(B)	Havon	ied)	
	OR CONDITIONS, if o				
	he obave couse (A) IG CONDITION lost.	stoting the (C)			
	11				
OTHER SIGN	NIFICANT CONDITIONS CO	ONTRIBUTING / /		1	
	DEATH BUT NOT RELATED		idsis, 1	tepatio Necro	2120
19A. DATE O	PERATION 198. CONE	OTTON FOR WHICH OPERATION	20 A. AUTOP	SY? (Yes or No) 20B. IF YES, W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
ED 8/1	14/ (24/	BIGOGIEV DISEON		5	
. OR CONTRIB	ENT WAS UNDERLYING DE BUTING CAUSE OF	21 B. PLACE OF INJURY (e. home, form, foctory, street	g., in or obout 21 C. W	/HERE DID (If in Bol)	timore City, give exact location)
	fy medical examiner	etc.)			
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?	
(APPROX.)		While At Not Not Not Not N	Vhile		
22 1 - 11	AL -A (1) (AL! - 1 - 1 - 1)			1967 to Au	gust 1, 1967
de de la certit	y mat (i) (mis naspital)	attended the deceosed from dalive on August 1,	1067		
			1991	ond that in (my) (our)	opinion deoth occurred on the
		ed obove. (I) (Me) (did) (did no	t) view the body o	ofter deoth.	
23A. SIGNAT	J** (/~	7	Attending - /	Med. Stoff	23 B. DATE SIGNED
Ger	che xo	busen M.D.	Phys.	Med. Stoff Phys.	8-4-67
23 C. PHYSICI	(Type)	7	23D. ADDRESS		
		hie Robinson, Jrv	.D. 803 N.	Fremont Avenue	_Balto., Marylan
24A. BURIAL CR	EMATION, 248. DATE	24C. NAME of CEMETERY OF	CREMATORY	24D. LOCATION	(City, town, or county) (State
REMOVAL	2/ 8-7 /	7 HJ Dh.	11 10-	Rit	Ma
25A. DATE REC'I	D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	N Um,	AL DIRECTOR	ADDRESS
	AUG 7 1967	Color E, Farley MA	Morta	. \	H. 1701 LAURE
		MOUNT & JUNEAU LAND	וויוטביוני	a pacti in	1101 parake
S 150-REV. 1/1	/65			,	

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BLADDETE FAR Advanced Frar

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8/1/67 Subjected Dismin

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67 °	7523 BALTIMORE CITY	HEALTH DEPARTMENT	C	7. 7523
ME CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	1 1020
Type of Print AMES REID	GES	Augu	1967 4, 1967	3:00 A
FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Maryland General	ition, give street	C. CITY OR TOWN (IF outsi	Manyland de city limits, write Roper rol, give locotion)	
As 1. Wifer WID	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH 9.		Under 1 Yr. If Under 24 H
BA. USUAL OCCUPATION (Give kind of work 108, KIN one during most of working life, even if retired) Wave house man			n country) 12,	CITIZEN OF WHAT COUNTRY?
5. Was Deceased Ever in U. S. Armed Forces? Uses, no or unknown) (If yes, give wor or dotes of sen	16. SOCIAL Vice) 16. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAM MAGGIE 17. INFORMANT P	Bridges	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, heat foilure, asihenia, etc. It means the disinjury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the above cause (A) stoling UNDERLYING CONDITION lost.	(B) DUE TO	F DEATH Fritmal Cirche	بهن	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	& Melitics 20A. AUJOPSY? (Yes or No)	208. IF YES, WERE FINDI	NGS CONSIDERED
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?		, give exact location)
DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)		21F. HOW DID INJU	RY OCCUR?	
22. I certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive	ded the deceased from Augus 7 4.	Angust 4, 19	t In(my) (aur) apinian	yes f 4 19 6, death accurred an the d
and hour and fram the couses stated about 23A. SIGNATURE Richard H- 23C. PHYSICIAN'S	Band M.D. Atte	ending Med. S	otoff Phys. 238.	August 4, 196
23C. PHYSICIANS NAME (Type) Richard N.	Barol, M.D.	Maryland G.	eneral Hospix	wn, or county) (State
24A, BURIAL CREMATION 24B, DATE 12	4C. NAME of CEMETERY of CRI	EMATORY /) 124D LO		
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) SOURIAL SALUTION	AC. NAME OF CEMETERY OF CRI Hrbufus Mem	LL D	alte.	ADDRESS

Settlement Maryellia 244 Brookhill Doe 8/23/21 75/27/A himmille Daltman Baryland Willy Viscostanial and Martines Corbers Sudanter Medicine Magaztu, Magaztus 17 Myrest E. Richard H. Bird Maybeart Come Hospital Robert Book T

- 20	BIR	TH NO. CERTIFICATE OF DEATH Registered Na. 07 7524
and eath ased the Such		E CASE NO.
S S		pe or Print Lewes. Mary E, (Lewis) 8-7-67 5 13 A.M
4	3.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
hospitise of (5) De ance deatl		FULL NAME OF (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township)
cau cau se;	. 1	NSTITUTION
in ing	TIN	orth Charles General Hospital D. STREET ADDRESS (If rurol, give location); indg in Aug.
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if d ty C the	s od s	FATHERS NAME
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istar he d kind deat	(Ye	s, no or unknown) (III yes, give wor or dotas of service) SECURITY NO.
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Ar or	pa	heort foilure, asthenio, etc. It means the disease, injury or camplication which caused death.)
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by 6 by 6 2) Bo re th	fore	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (II in Baltimore City, give exact location)
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= 0	9	that (1) (we) last saw the deceased alive an 5 7 19 6 7 and that in (my) (aur) apinian death accurred an the dat
p tide	must	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE
ride cide hos		Culyur Justico M.D. Attending Med. Director Phys. Staff
2 2 0 .	approved 54	23C. PHYSICIAN'S NAME (Type) W. A. M. D. W. A. B. A. B. H. W. A. M. D. W. A. B. B. A. B. A. B. A. B. A. B. A. B. A. B. B. A. B. A. B. A. B. A. B. A. B. B. B. A. B. B. B. A. B.
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± à € o e	25	A. BURIAL CREMATION, 24B/ DATE 24C NAME of CEMETERY of CREMATORY 24D. LOCATION (City, Iown, or county) BURIO 8-10-67 DA HO. NAME OF REGISTAAR 25C, FUNERAL DIRECTOR APDRESS

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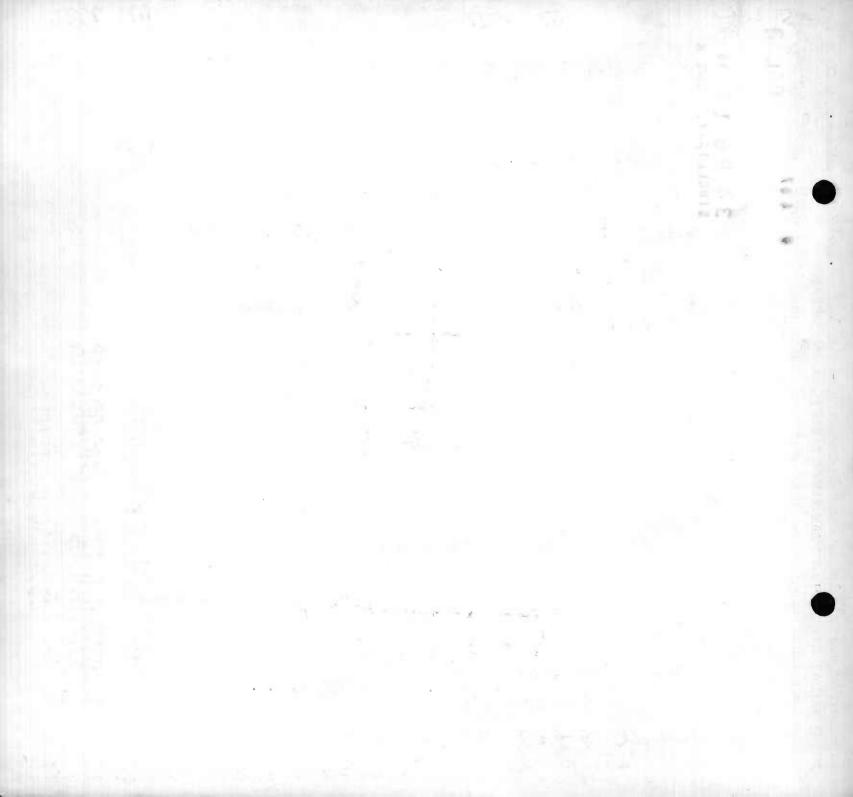
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A COMPANY AND MADE AND ADDRESS.

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3.	a (e		that (1) (we) last saw the deceased alive on 8/4/ 19 6.7 and that ip(my) (our) opinion death occurred on the deceased	
8	of to of tall the tall the tall		and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.	516
John Exa	ust be ased dent ospit deat must		23B. DATE SIGNED	
7	3 9 6 0		Remarks Allending Med Stoff Tot	
Of Ca	r to la			
الماه	was An c An c prior		23C. PHYSICIAN'S NAME (Type) G Minhan / / G. MICHARD VPRISENT, M.D. (Sonking) Homeritan	
body Med	-	24.6	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)	
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The THE	Ws. Ce	4	Bundl 8-967 Int Chrom Out Ballo me	
E-1	This cer the bod shows: was D.G decease	254	A. DATE REC'D BY HEALTH DEPT OF REGISTRAR PROPERTY ADDRESS ADDRESS	/
0	F = 20 × 0 ×	1	May Willem 1000 Branlay	4



-10	BIR	0/ (3/8	TE OF DEATH Registered No. 6	7 7528
and eath ased the Such	M.	E. CASE NO. NAME OF DECEASED	2, DATE AND HOUR OF DEATH	
of deat Decease e on th	(Ту	PLACE OF DEATH IN BALTIMORE MARYLAND	08-05-67 4. USUAL RESIDENCE (Where deceased lived. If inst	11:30P M.
hosp Jse (5) and dec		FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	A. STATE B, COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RU	0.0.0
ting cause; r attend prior to	11	ST. AGNES HOSPITAL CATON & WILKENS AVES.	PASADENA, MARYLAND D. STREET ADDRESS (II rurol, give locotion)	52-00
de de de	5	BALTIMORE, MARYLAND 21229 SEX G. RACE T. MARRIED, NEVER MARRIED	ROYAL BEACH RD., 60A 8. DATE OF BIRTH 9. AGE (In yeors	RT 5
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or condete	dor	POLICE LT, - CENTRAL POLICE DEPT	MARYLAND	12. CITIZEN OF WHAT COUNTRY? U. S.
t d	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
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the chind deat deat nice of final	(Ye	Wos Decoosed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or doles of service) NO 16. SOCIAL SECURITY NO. 220 44 9747	ST. AGNES RECORDS -CA	TON & WILKENS A
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by a r 2) Body e the physicione the	ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
tal berial by the control of the con	CAL CI	OR CONTRIBUTING CAUSE OF	or obout 21C. WHERE DID (If in Boltimore lice bldg., INJURY OCCUR?	City, give exact location)
hospi nature ept w d (6) l	MEDI	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work At Work	21F. HOW DID INJURY OCCUR?	
be appro ed to the nt of any pital (exc eath); an		22. I certify that XIX (this haspital) attended the deceased from JU that XI (we) lost saw the deceased alive on AUGUST 5 and haur and from the causes stated above.XI) (We) (XX (did not) v	1967 ond that InXxV) (our) apini	
ased to dent of ospital death)	1	23A. SIGNATURE		23B. DATE SIGNED
must be eleased ccident a hospit to deal			ending Med. Stoff Stoff Phys.	8-5-67
This certificate the body was reshows: (1) An acwas D.O.A. at a deceased prior written approve		RAMON SUAREZ M.D.	23D. ADSTS. AGNES HOSPITAL-W	ILKENS & CATON
4	24/	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CRE		. lown, or county) (Stote)
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	VS	150-REV. 1/1/65		

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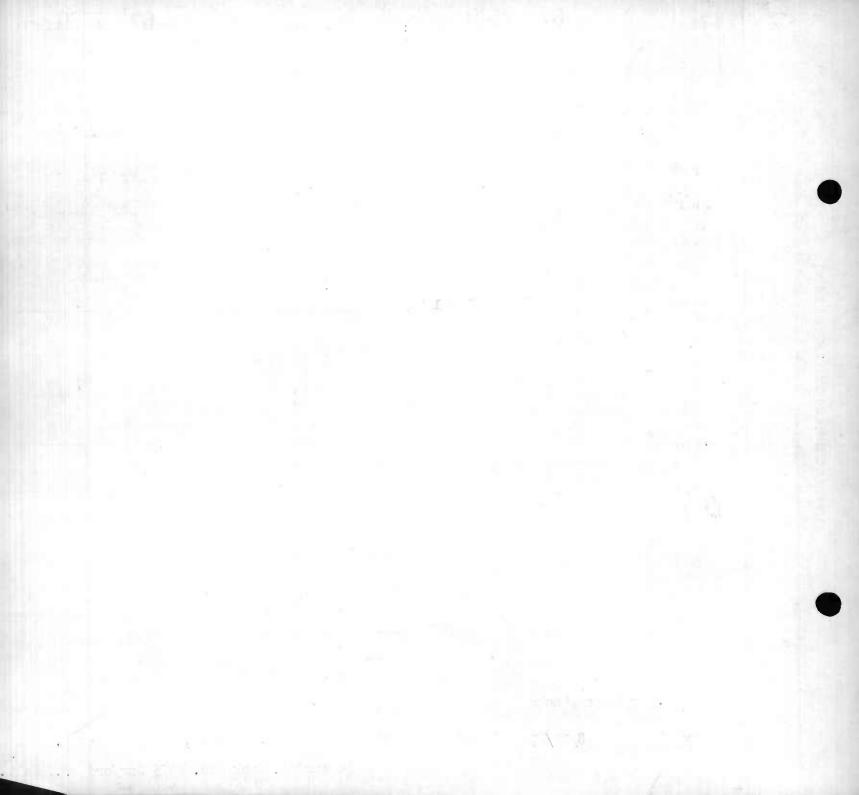
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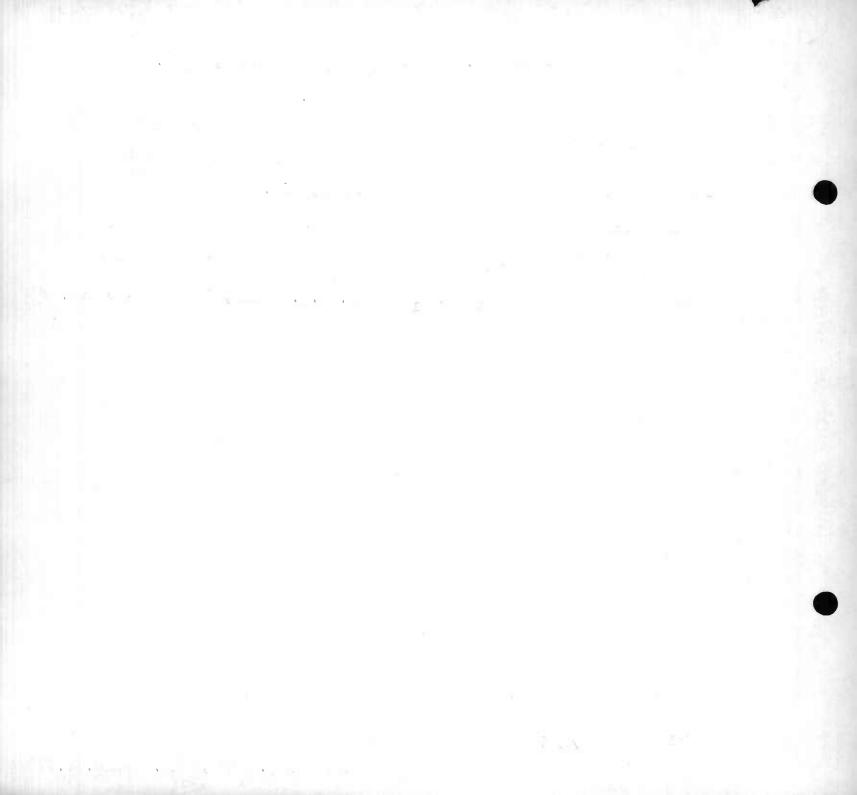
Secondal. In St. Par. Bulta. 13.

	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of a shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Dece was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on decased prior to death); and (6) No physician was in regular regular approach) and the deceased prior to death.
IMPORTANT	or his assistant if a Also, if the direct re of any kind; (4) Inounced death we attendance on the med or final dispanse.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased providenced by the property of the pr
•	ased to the hospital lent of any nature; (2 spital (except where death); and (6) No pour
	This certificate muthe body was released was D.O.A. at a he deceased prior to written approval a

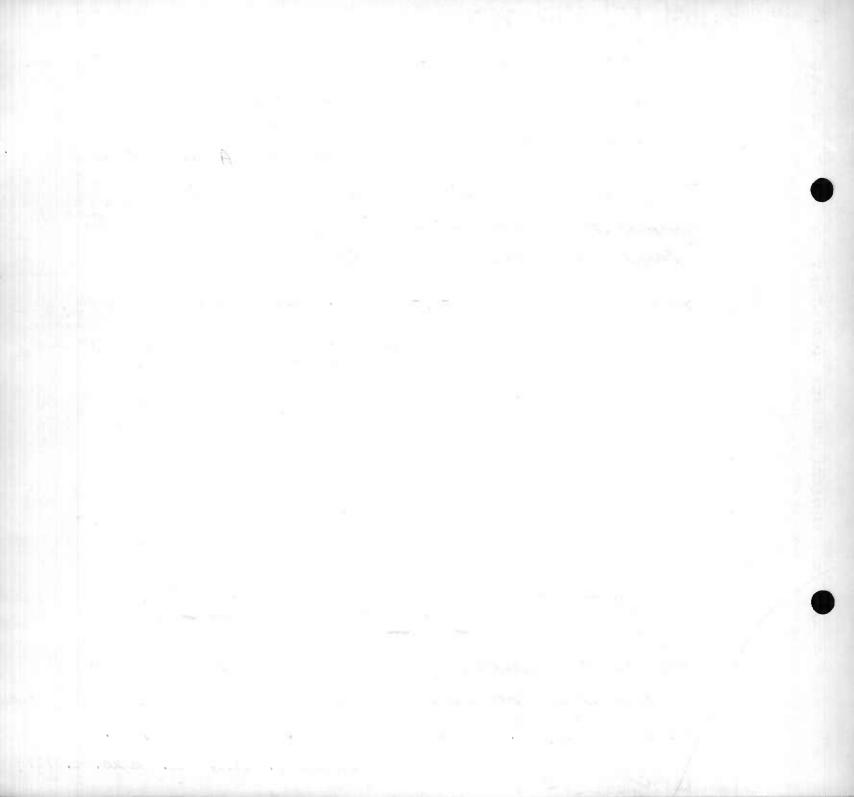
6	P+ 9 9 4 9	BIRTH NO. M.E. CASE NO. 67 7530 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 67 7530
	oital and of death Deceased e on the ath. Such	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH 6 AUG. 1967 9147 NOTE OF DEATH IN BALTIMORE, MARYLAND 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 14. USUAL RESIDENCE (Where deceased lived, If institutions residence before admission)
	I in a hospital ng cause of d cause; (5) Dece attendance or ior to death.	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) MARMINANO GENERAL HOSPITAL A. STATE B. COUNTY MARYLAND. SCHUYLKLL C. CITY OR TOWN (If outside city limits, write RURAL and give lownship) BALTIMORE.
	outing ed ca ar at prior	D. STREET ADDRESS (If rurol, give locotion) 3407 ECHODALE AVE.
	ntribu rmine egula ased s mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) MARRIED, NEVER MARRIED S. DATE OF BIRTH 6. Aug. 1916 9. AGE (In yeors lost birthday) Months: Doys Hours: Min.
	or columbian or co	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) done during most of working life, even if refired) TRASH REMOVAL POTTSUILLE PA. U.S.
=	rect (4) U (4) U the isposi	ANGELO GALLIANO ERMINIA DENAPOLI
ORTAN	ssistant the di the di kind; death nce on final di	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT MARGARET C 3407 ECHODAT SECURITY NO. 1945 - 1955 178017189 WIFE GALLIANO AUE. BALTO M
IMPO	Also, if e of any counced attenda	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., head follows as the mode of
OR:	iner. ractur pron	injury or camplicolian which coursed death.)
IRECT	al exam l exam (3) A f an who in reg	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost.
RAL D	medica medica burns physici an was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
UNER	b chief by a r Body the the hysici	194. Date of operation 198. Condition for which operation 204. Autopsy? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED NO CRETIFYING CAUSES OF DEATH?
ш.	by the pital brine; (2) where No pt d before	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout of the bidg., DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout of the bidg., Injury OCCUR? 21B. PLACE OF INJURY OCCUR? 21B. PLACE OF INJURY OCCUR? 21C. WHERE DID 21C. WHERE D
	the hosi ny natu except and (6)	While At Not While At Work
	0000	22. I certify that (I) (this hospital) attended the deceased from 31 JULY 1967 to AUGUST 1967 that (I) (we) lost saw the deceased alive on 1967 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above (I) (We) (did) (did not) view the body ofter death.
	ho ho	23A. SIGNATURE 23B. DATE SIGNED Allending Med. Director Phys. 6 Aug 67.
	was r was r A. at c prior pprov	Dr. Frank Fairbanks 23D. ADDRESS M.D. MARY LAND SENERAL HOSPINE 24A. BURIAL CREMATION, 124B. DATE 24C. NAME of CEMETERY OF CREMATORY [24D. LOCATION (City, 19wg, of county) (Stote)
	This certifie the body shows: (1) was D.O. deceased written a	24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Burial 8/10/67 Calvary Cemetery Pottsville, 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	This can the bashow was deceded writte	VS 150-REV. 1/1/65 AUG 7 1967 P. D. & E. Falkuma Leonard J. Ruck Inc. 5305 Harford Rd., Br



of death Soch Soch	BIRTH NO. M.E. CASE NO. T. NAME OF DECEASED (Type of Print) Katherine L. Hart (Hall) August 6, 1967. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND AUGUST 6, 1967.	67 7531 8 50 A.M. ilution: residence before odmission)
ed in a hospi fing cause o d cause; (5) D attendance orior to deat	FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospitol or institution, give street oddiess or location) 5514 Edna Avenue D. STREET ADDRESS (If rurol, give location) 5514 Edna Av	1214 27-42
contributermine regular ceased prismade	Jemale White 7. MARRIED, NEVER MARRIED (Specify) 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 84 100. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
if death rect or (4) Unde was in the dec	done during most of working life, even if refired) Homemaker 13. FATHER'S NAME James Cassilly Rebecca	Dulary
Sessistant f the dir y kind; (d death ance on rinal direction)	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) No 16. SOCIAL SECURITY NO. No. L.E. Wyatt, 3216 Or 18. Z. L. E. Wyatt, 3216 Or	Lando Ave. #34
birdle examiner or his assistal examiner. Also, if thins; (3) A fracture of any kician who pronounced das in regular attendance ains are embalmed or fin	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION loss.	ONSET AND DEATH
FUNERAL D the chief medical s; (2) Body burns; here the physician was before the remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore (etc.))	NDINGS CONSIDERED SES OF DEATH? City, give exoct locotion)
proved by the hospi ny nature except w and (6) ?	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not While At Work 22. I certify that (I) (*his hospital*) attended the deceased from 19 to	
must be ap eleased to ecident of a a hospital (to death);	that (M) (we) lost saw the deceased alive on	23B, DATE SIGNED
was r was r An a A. at o prior	23C. PHYSICIAM'S NAME (Type) JOSE MARTINEZ 24A. BURIAL GREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City,	2/23/ town, or county) (State)
This certified the body shows: (1) was D.O., deceased written a	Burial 8/9/67 Baltimore Cemetery Baltimore 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc. VS 150-REV. 1/1/65 AUG 7 1967 (Ruck & Leonard J. Ruck)	Maryland ADDRESS Balto.Md. 21214



3. PLACE OF	JAMES DEATH IN BALTIMORI		S WHALE	4. USUAL RESIDE	NCE (Where decease B. COUNTY	5 , 196 d lived. If institu	7 8:15 A. A
FULL NA/ HOSPITAL INSTITUTIO	OR oddiess or 1			C. CITY OR TOWN	(If outside city I	mits, write RUR	AL and give township)
			AND HOSPITI	3904	SS (If rurol, give ELMORA	AVE (21213)
5. SEX	6. RACE	WIDOWED	NEVER MARRIED D. DIVORCED (specify) WILL BUSINESS OR INDUSTRY	8. DATE OF BIRTH	9. AGE (In lost birthdo	3 "	Under 1 Yr. If Under 24 Hrs onths Doys Hours Min.
done during m	ost of working life, even if re	Alexand	Cork & Sec	el MO.	ote or foreign country	112	CITIZEN OF
-71	AMES S.				NOE PAR	eson	
YE.	nown) (If yes, give word	or dotes of service)	16. SOCIAL SECURITY NO. 212-07-9081	Mrs. Pa	uline Wha	len	(Same)
18.	SEASE OR CONDITIO	N DIRECTLY		DE DEATH			INTERVAL BETWEEN ONSET AND DEATH
heorl for	LEADING TO DE bes not meon the mod lure, osthenio, etc. 11 n complication which co	de of dying, e.g., neons lhe diseose, oused deolh.)		OF T	HE BL	HODEI	10 40,
rise lo	ANTECEDENT CA S OR CONDITIONS, The obove couse YING CONDITION To:	, if ony, giving (A) stoling the	(C)				
TO THE	SIGNIFICANT CONDITION E DEATH BUT NOT OR CONDITION CAUS	RELATED TO TH	E				
DI 19A. DAT	E OF OPERATION 198.	S PERFORMED	WHICH OPERATION	A/X	(Yes or Not 20B, IF IN CERT	YES, WERE FIND IFYING CAUSES	INGS CONSIDERED OF DEATH?
OR CON	CIDENT WAS UNDERLY! TRIBUTING CAUSE O notify medical examiner)	F 21 B. ham etc.	PLACE OF INJURY (e.g., e. larm, foctory, street, o	n or obout 21 C. WHI	RE DID (IF	in Boltimore Cit	y, give exoct location)
0 21D. TM	RY		INJURY OCCURRED le At Not Whith At Work	le 🦳	DID INJURY OCC	U R?	
OF INJU	rtify that (I) (this has	spital) attended the ceased alive an		4 19 62	and that In	to Cul	death accurred on the da
22. I ce						238	A DATE SIGNED
22. I ce that (I), and hou 23A SIGN	NATURE Would W.		1	ending Meros. Direction 23D. ADDRESS	Stoff Phys.		8/5/67.
22. I ce that (I), and hau 23A,51GJ 23C.PHY: NAA	NATURE Would W.	auf	DBELL TA.D. AME OF CEMETERY OF CR	23D. ADDRESS UNIU. EMATORY	OF MA	PYZA (City, to	8/5/67. NO HOSP 17. DWN, or county (Stote) Md. ADDRESS Balto.Md. 2121



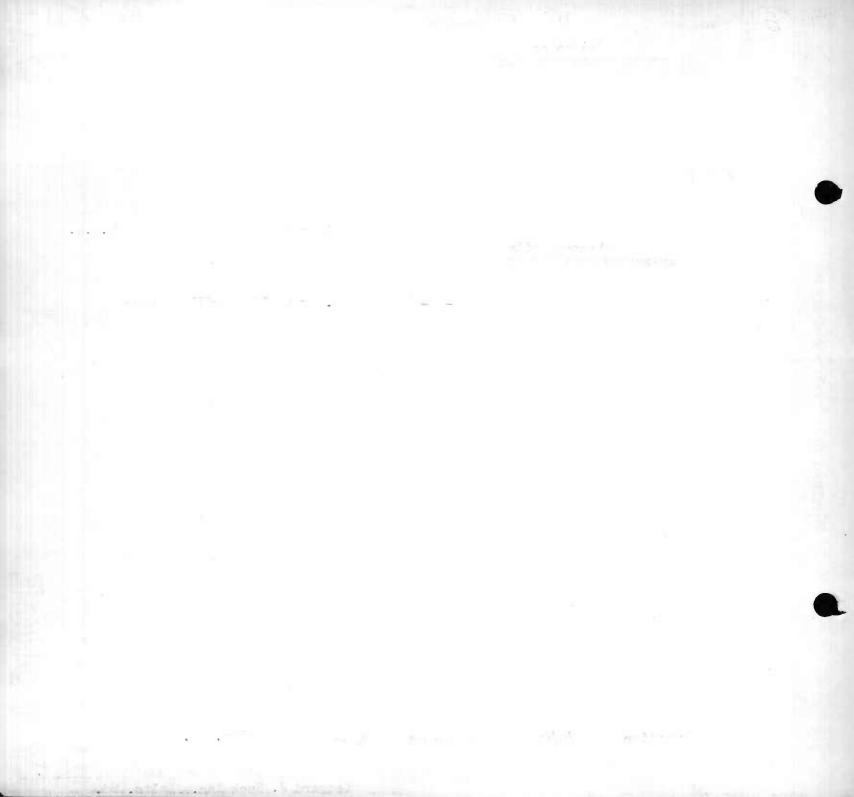
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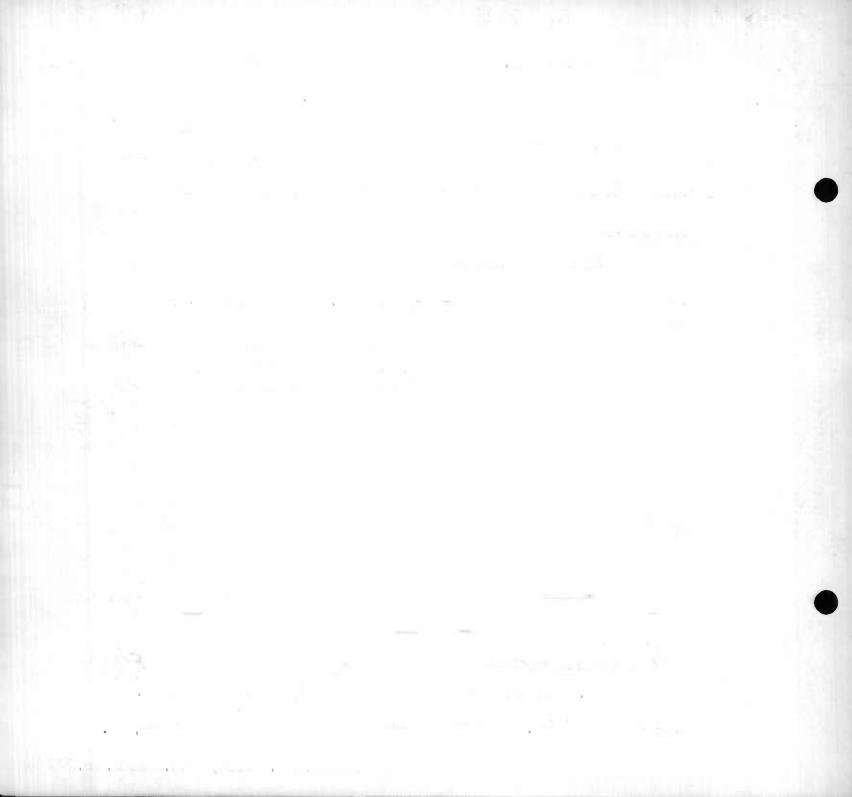
The state of the s

11/2	BALTIMORE CITY HEALTH DEPARTMENT 67 7534 CERTIFICATE OF DEATH Registered	No. 67 7534		
E O O'E	BIRTH NO. M.E. CASE NO. CERTIFICATE OF DEATH Registered	No. 01 1004		
B 4 + 3	1, NAME OF DECEASED SaideeMae (Type of Philipson Sand Company	12. NOP N		
eath.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY			
	TOLL NAME OF AIR not in nospital or institution, give street	21206		
	HOSPITAL OR INSTITUTION oddress or location) OR HOSPITAL OR Institution OR HOSPITAL OR III desired city limits, OR HOSPITAL OR III desired city limits, OR HOSPITAL OR III desired city limits,	write RURAL and give township)		
K	D. STREET ADDRESS (If rurol, give lacoti			
L	5904 PLAINFIELD	AVE		
1007	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) FORREIES 7 / 12 / 1910 9. AGE (In year lost birthday) SY	s If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.		
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) dane during most at working life, even it retired)	12. CITIZEN OF WHAT COUNTRY?		
	HOUSE STIFE California	U.S.A.		
i	13. FATHER'S NAME Chancey White	14. MOTHER'S MAIDEN NAME		
1	15, Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor ar dates of service)	ADDRESS		
	218_26_0420 Mr. Bramwell Terrill	same		
	18. / CAUSE OF DEATH	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH		
	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,	a grow s fry		
	heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)			
	ANTECEDENT CAUSES (8) DUE TO			
	DISEASES OR CONDITIONS, if ony, giving			
	rise to the above couse (A) stating the (C)			
	II			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, IN CERTIFYIN	G CAUSES OF DEATH?		
	U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in B	oltimore City, give exact location)		
	OR CONTRIBUTING CAUSE OF hame, farm, factory, street, office bldg., INJURY OCCUR?			
	O 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?			
	OF INJURY (APPROX.) While At Wark At Wark			
	22. I certify that (I) (this haspital) attended the deceased from 7/18/ 1967 to	8/6/1967		
	. / / / /	r) opinion deoth occurred on the dot		
	ond hour and from the couses stoted obove. (1) (We) (did) (did nat) view the body after death.			
	23A. SIGNATURE	23B. DATE SIGNED		
	M.D. Attending Med. Staff Phys. Director Phys.	8/6/67		
	23C. PHYSICIAN'S NAME (Type)			
	NAME (Type) of. Ulforton M.D. 6821 REISTERTOW	N RS		
	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION	(City, tawn, ar county) (State)		
	Cremation 8/9/67 Greenmount Cemetery Balto. Md 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR			
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS		
-	And the state of t	one.		
	vs 150-REV. 1/1/65 Teonard J. Ruck Inc.	Balto. Md.		

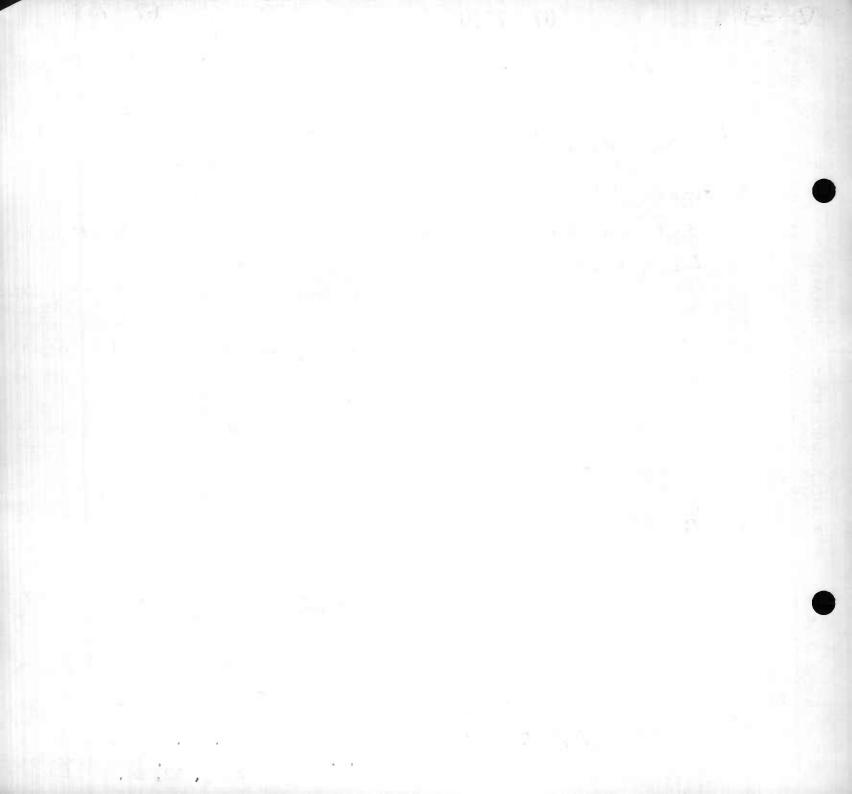


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	P	÷	any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	(except where the physician who pronounced death was in regular attendance on the	ch	
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FUNERAL DIRECTOR: IMPORTANT	-	٥	5	0	-	DO
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of	was D.O.A. at a hospital	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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ממי מין	BALTIMORE CITY	HEALTH DEPARTMENT		67	7595
	CERTIFICA	TE OF DEATH	Registered Na	07	1000
M.E. CASE NO.			D HOUR/OF DEATH		
Type or Print)	Runde	2. DATE AN	7/1-11-7		refo
PLACE OF DEATH IN BALTIMORE, MARYLAND	Bundy		16/6/		729
FLACE OF DEATH IN BALTIMORE, MARTLAND		4. USUAL RESIDENCE (Where	e de#cosed/lived. II ins TY	titution: reside	nce belore odrfiis
FULL NAME OF (If not in hospital or institut	ion gue street	Md.			
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
INSTITUTION					
1527 Argonne	D. STREET ADDRESS (If turol, give location)				
DA ISZI IVEGOTORE	1527 Argonne Drive				
		/52	/ rrigonne	wilve	
	RIED, NEVER MARRIED OWED, DIYORCED (specily)		9. AGE (In years lost birthdoy)	If Under 1 Months: Doy	Yr. If Under 24
Female White	Widow	March 22,1886	81	TVIORINS DO	3 110013
DA. USUAL OCCUPATION (Give kind of work 108, KIN)		11. BIRTHPLACE (State or fore)	an country)	12. CITIZEN	OF
one during most of working life, even if retired)					COUNTRY?
Homemaker		Delawa	re	U.	24
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE		
Theodore to	loward		Mara	tha	2
			nwu		•
5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT		AD	DRESS
No	220-14-5388	Mrs. Edith (henowith		(Same
118 / 그	1))	0	100000000	***	
420.	CAUSE O	FUEAIN	7		RVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	no	1.00	1/-		1 -
LEADING TO DEATH	(A) /Ry	10 Cardial of	Paretton	in	media
(This does not mean the mode of dying, heart failure, osthenia, etc. It means the dise		- 11 +	0 10		
injury or complication which caused death.)	Unt	ness currough	Carrie -	10	1.
ANTECEDENT CAUSES	(B) Va	scular diries	الم	10-	glan
	DUE TO				/
DISEASES OR CONDITIONS, if any, girise to the obove couse (A) sloting					
UNDERLYING CONDITION lost.	1307	***************************************			
Z				1	
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
19A DATE OF OPERATION 19B CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES WERE EI	INDINGS CO	NSIDERED
WAS PERFORMED	The second secon	No	IN CERTIFYING CAU	SES OF DEA	TH?
21 A. ACCIDENT WAS UNDERLYING	21R PLACE OF INTERVI		(16 in Politics	City	ant lanetary
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	lfice bldg., INJURY OCCUR?	(If in Boltimore	City, give ex	oci locohon)
DEATH (notily medical examiner)	etc.)				
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?		
2 OL HAJORI	While At Not While	e			
(APPROX)	Work At Work			1	1.
22. I certify that (I) (the hospital) attend	ed the deceased from	Carrie 1	967 to 1	incu	of 6 19/2
	0	1.16.14		. 1	
that (1) (we) last saw the deceased alive	//	/ /	at in(my) (our) opin	ian déath o	ccurred an the
and haur and fram the causes stated abov	e. (1) (Me) (did) (did not) (iew the bady after death.			
23A. SIGNATURE				23B, DATE SI	GHED
() (dollar La	M.D. Att	ending Med.	Stoff	8/1	17
22C PHYSICIAMS	Phy		Phy s.	49	6/
PAME (Type) A. Allan S	nian	23D. ADDRESS 1501	Pentridge 1	21	/
11. Milan J	pler M.D.	1501 1	emage 1	100	
	C. NAME OF CEMETERY OF CR	EMATORY 24D. LC	CATION (City	, lown, or co	unty) (SI
REMOVAL (Specify) 8/0/67	Woodlawn Cemeter		Baltimo		
Burial 0/9/07.			~ a.z. o.z.iio	-0,	
SA. DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	· 1 0	0 /	ADDRESS
AUCH 1987 A A	BE Falley MA	Leonard J. 1	Ruck, Inc.	Balto.	Md. 2121
AUG 7 1967 12 Q	CHI C. MUNICIPAN		/		
3 13V=BEV- 1/1/D3					



VS 150-REV. 1/1/65



FUNERAL DIRECTOR:

Liver partners Solver

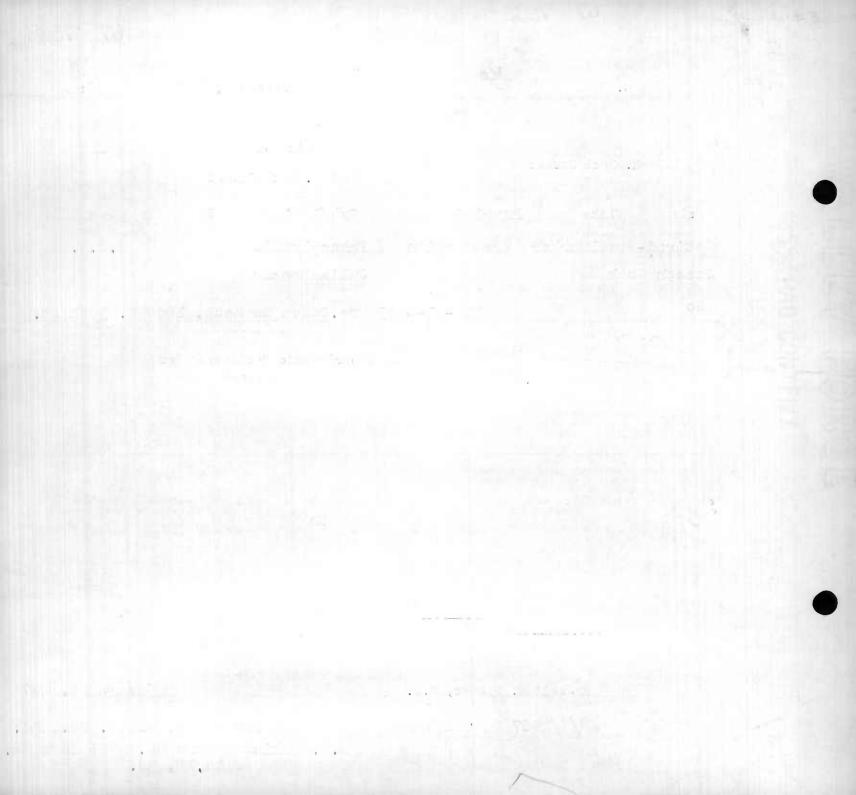
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Field bride ball DAR per, 15 F

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 7538

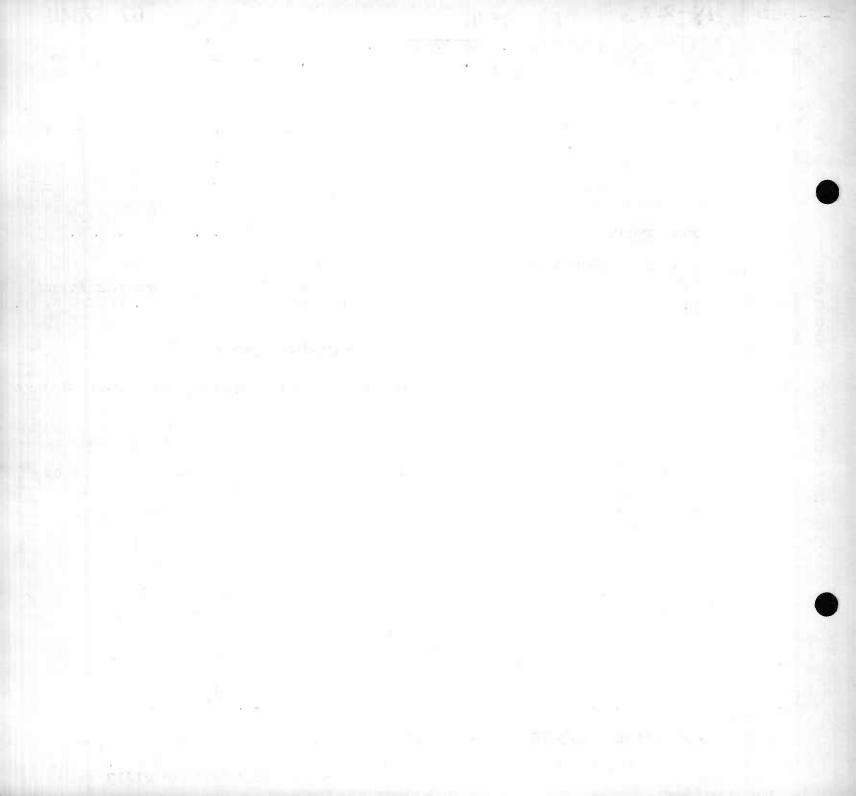
M.E. CASE NO.			
Type or Print)		2. DATE AND HO	UR PRONOUNCED DEAD
GUY L. COOK		August 3	3. 1967 11:15 p M
3. PLACE IN BALTIMORE, MARYLAND, V	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceo	3, 1967 11:15 p.M. sed lived, If institution: residence before odmission) B. COUNTY
FULL NAME OF (IF NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STREET		orote limits, write RURAL and give township)
OSPITAL OR ADDRESS OR LOC	ATION)	C. CITY OR FOWN (If outside corp.	orote limits, write RURAL and give township)
		Baltimore	7-06
1608 E. 30th Stre	et	D. STREET ADDRESS (If rurol, give	location)
		1608 E. 30th Stre	
6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In years If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min.
Male White	Married	2/4/1891	76
OA, USUAL OCCUPATION (Give kind of wo one during most of working life, even if retired)	A TOB. KIND OF BUSINESS OR INDUSTR	RY 11. BIRYHPEACE (Stote or foreign coun	ntry) 12. CITIZEN OF WHAT COUNTRY?
Retired-Steelworke	Production	Pennsylvania	U.S.A.
Joseph Cook	Annual Control	Julia Moomaw	
5. WAS DECEASED EVER IN U.S. ARME (es, no or unknown) (II yes, give wor or dot	D FORCES? es of service) 16. SO CIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		3 Mrs.Janet Benne	ett, 1608 E. 30th St.
18. // 2 2 /		E OF DEATH	INTERVAL BETWEEN
4 22.1			ONSET AND DEATH
DISEASE OR CONDITION D		toriogaloratia Cardi	avecaular
(This does not mean the mode of heart failure, asthenia, etc. It mean	f dying e.g., DUE TO	teriosclerotic Cardi	
injury or complication which coused	deoth.)	Diseas	e
ANTECEDENT CAUSE			
DISEASES OR CONDITIONS, IF	(R)		•••••••••••••
RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST.	STATING THE		
Z	(C)		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSIN DISEASE OF CONDITION 198. CO.			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE			
DISEASE OR CONDITION CAUSIN	G IT.		
19A. DATE OF OPERATION 19B. CO	NDITION FOR WHICH OPERATION REPORMED		IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
		NO	
O UNDERLYING OR CONTRIB-	home, form, foctory, street,	office bldg., INJURY OCCUR?	soltimore City, give exact location)
UNDERLYING OR CONTRIB-	etc.)		
21D TIME (Month) (Doy) (Ye	or) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY O	CCUR?
OF INJURY (APPROX.)	m. WHILE AT NOT AT V	WHILE WORK	
22.			
I certify that I held an	Inquiry Inspection X Au	and that an this ba	sis, death in my apinian
resulted fram: Natural co	auses X Accident Suicie		ermined manner
	1/1	CHIEF MEDICAL EXAMIN	NER X DATE SIGNED
SIGNATURE /	Tomber 41	ASSISTANT MEDICAL EXAMIN	NER .
EXAMINER'S	M. L	ASSOCIATE MEDICAL EXAMI	
NAME (Type) Russe	11 S. Fisher, M.D.		August 4, 196
23A, BURIAL CREMATION, 23B. DATE	23C. NAME OF CEMETERY	or CREMATORY 23D. LOCAT	TION (City, town, or county) (State)
REMOVAL (Specify) Burial 8/7/:	1067 Danleysand	Dami	millo Polto Co M
DUPIAL O/ (/.	1967 Parkwood	24C, FUNERAL DIRECTOR	cville, Balto, Co., Me
		TT TT Town led on a C	& Sons Co. 4905 York
AHG 7 19	67 R. O. B. E. Forber	The Do	1+0 12 Ma



P		67	7539 BALT	TIMORE CITY H	EALTH DEPARTMENT		67	7500
	H NO.		CEI	RTIFICAT	E OF DEATH	Registered Na	6/	7539
1. N	CASE NO.	GARL W	ILLIAM MO	OLTER)	2, DATE A	ND HOUR OF DEATH	fin	
	e ar Print)	Iditer,	arlo	/illia	m	8/4	6/	11:08.M
j. Pi	LACE OF DEATH	IN BALTIMORE, MARYLAN	D		L STATE B. COU	ere deceosed lived. If his	titution: reside	ence before admission)
FI	ULL NAME OF	(If nat in haspital ar inst	ilutian, give streel		Ma 1.	201t-6	TU	
	ISTITUTION	address or lacation)	Momo	1	C. CITY OR TOWN	otside city limits, write RI	JRAL and giv	ve Jawnship)
1	Link	union.	Memo	max	D. STREET ADDRESS (III	rural, give location)	116	1
1					1223K	entucks	11-0	10
. \$1	EX / 6. R		ARMED, NEVER MA DOWED, DIVORCE		DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Manths Day	Yr. If Under 24 Hrs. ys Haurs Min.
		TION (Give kind af wark 10B, King life, even if retired)	IND OF BUSINESS	OR INDUSTRY 11	. BIRTHPLACE (State or fore	eign cauntry)	12. CITIZEN	OF COUNTRY?
ane	1 7 W	ster Fo	1th Eva.	ng Lux	,0h10	Hamilton		SA
3. F	ATHERS NAME	12	al ,	Churz	MOTHER'S MAIDEN NA	ME 4	/	,
	1/11	//am	1701+	Pr	HIN	a Hnsh	24 00	3/-
5. W	na ar unkna wn) ((f	r in U. S. Armed Farces? yes, give way or dates of s	ervice) 1 6. SOCIAI		INFORMANT		40	DRESE
	No	1-0-11-00	220 44 13	58	Mrs Naomi	I. Molter 2	2223 K	entucky
T	1B.	1 XI		CAUSE OF	DEATH			ERVAL BETWEEN
		R CONDITION DIRECTLY	1	D.		1-	ar A	SET AND DEATH
		DING TO DEATH mean the made at dying		(A) A C C	prara	lac arre	17	
	heart failure, asth	ienia, etc. Il means the d	isease,	DOLVIO	1.	0110		
		alian which caused death ECEDENT CAUSES	.,	(B) /	7assive	CV1+	-	
		CONDITIONS, if any,	aivia a	DUE TO				444600000000000000000000000000000000000
	rise to the a	bave cause (A) stating		(C)				
	UNDERLYING C	ONDITION last.						200
NOIL	TO THE DEAT	II ANT CONDITIONS CONTR H BUT NOT RELATED						
4	19A. DATE OF OP		FOR WHICH OPE	RATION	20A. AUTOPSY? (Yes ar N		NDINGS CO	NSIDERED
ERTIFIC	0	WAS PERFORME	D		NO	IN CERTIFYING CAU	SES OF DEA	TH?
0	21A. ACCIDENT VOR CONTRIBUTION DEATH (natify med	WAS UNDERLYING COURSE OF	21B. PLACE OF hame, farm, fac etc.)	INJURY (e.g., in a tary, street, affic	abaut 21C. WHERE DID e bldg., INJURY OCCUR?	(If in Baltimare	City, give ex	kact lacation)
ш ,	21 D. TIME (M	anth) (Day) (Year) (Hac	e) 21E, INJURY O	CCURRED	21F. HOW DID IN	JURY OCCUR?	131 3	
5	(APPROX.)		While At	Nat While			7 16	
1	22. I certify tha	t (1) (this haspital) atte		141	pm8/4	19 6 2 to 16:00	118/	1967
		t saw the deceased ali		8/40		hat In (my) (aur) apin	ian death o	
		am the causes stated ab		dia nat) via	U/			
	3A. SIGNATURE	01.	9				23B. DATE S	IGNED //
	Bill	1/1/1/100	Muni	M.D. Attend	Med.	Staff Phys.	8/	4167
1	23C. PHYSICIAN'S	JEA. CONG	yww		D. ADDRESS		-/	11.0.1
	BARRY J	. WECKESSER		M.D.	HE UNION ME	MORIAL HOSE	PTIAL	
24A.	BURIAL CREMAT		24C. NAME of CEA				, tawn, ar co	ounty) (State)
	Burial	8/9/67	Hamilton	n Memor	al Park	Hamilton O	hio	
25A.	DATE REC'D BY		AME OF REGISTRA		25C. FUNERAL DIRECTO	R		ADDRESS
		4 1901 G	Cobub E.	tarber M.		ER & SONS		
VS 1	50-REV. 1/1/65	1 1			BALTIMORE	MARYLAND 2	1213	

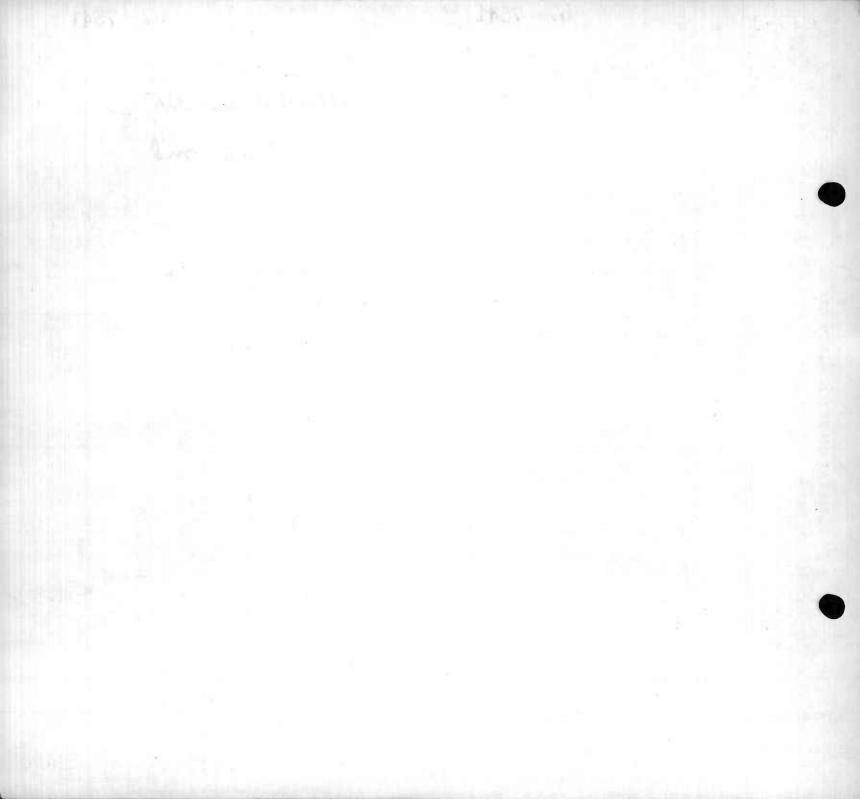
22234 Contactly Pro-Monthson Paris and Marie Harden it is a realise develop Maddiene of the services

N-232		TY HEALTH DEPARTMENT		67 7540
	7540 CERTIFIC	ATE OF DEATH	Registered No.	67 7540
M.E. CASE NO. 1. NAME OF DECEASED (HERBI			ND HOUR OF DEATH	
(Type or Print) NEUSI	ADT, N. HERB	/ / 2- 0	0 /	915 a. M.
3. PLACE OF DEATH IN BALTIMORE, N		A. STATE B. COU	ere deceased lived. If i	institution: residence before admission)
HOSPITAL OR oddress or loca	tal ar institution, give street ition)	C. CITY OR TOWN (IF o	utside city fimits, write	RURAL and give township)
Baltimore City Hosp	pitals		0.350	53-00
4940 Eastern Ave.			f rurol, give location)	
Baltimore, Maryland		315 Ingelsid		
5. sex 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	1-16-80	9. AGE (In years fost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of videne during most of working life, even if refire		RY 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Food Broker	Retired	New York Ci	ty N.Y.	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Otto Neusta	adt	Joanna		
15. Wes Deceesed Ever in U. S. Armed (Yes, no or unknown) (II yes, give wor or d	Forces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 cre 355 1	Rosebank Avenu
No	SECONIII NO.	BCH: Records 4	940 Eastern	Ave. Baltimore, Md.
18. 420,01	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION		0 - 0 -		ONSET AND DEATH
(This does not mean the mode	(A)	CARDIAC	ARREST	
heart foilure, osthenio, etc. II med	ons the disease,			
injury or complication which cous	AO	TERIO SCLEROTIC	HEART DIST	EASE NOT KNOWN
DISEASES OR CONDITIONS, in	DUE TO			000000000000000000000000000000000000000
rise to the obove couse (
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING			
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19A. DATE OF OPERATION 19B. CO	ONDITION FOR WHICH OPERATION PERFORMED			FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
21 D. TIME (Month) (Doy) (Ye	or) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX)	While At Work At Wo			
22. I certify that Attithis hasni	tol) ottended the deceosed fram	4.6	1967 10	8-3 1967.
that (t) (we) last sow the deced	9 7	19 67 and t	hat in (my) four as	pinion deoth occurred on the date
	toted obove. (1) (We) (did) (did not			mon deem occurred on the date
23A. SIGNATURE		, view the body offer deom.	b	23B, DATE SIGNED
4.12.	Morry M.D.	Attending Med.	Stoff Phys.	8.3.67
23C. PHYSICIAN'S	7 0077	Phys. Director 23D. ADDRESS	Phys.	0,2.67
NAME (Type)	• M.	Baltimore City		3/ 3 - //0-0-
J. R. Nort	24C. NAME of CEMETERY of	4940 Eastern A	ve. Baltimor	ce, Maryland #21224 City, town, or county) (Stote)
REMOVAL (Specify)	A CONTRACTOR OF THE CONTRACTOR			
Cremation 8/5/25A. DATE REC'D BY HEALTH DEPT.	67 Greenmount (Maryland ADDRESS
AUG 7 196		HENRY SA	NDER & SON	NS INC.
VS 150-REV. 1/1/65	I ARDONN TO THE TOTAL	BALTIMOR	E MARYLANI	21213



DIRECTOR:

FUNERAL



VS 150-REV. 1/1/65

20

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

U.S

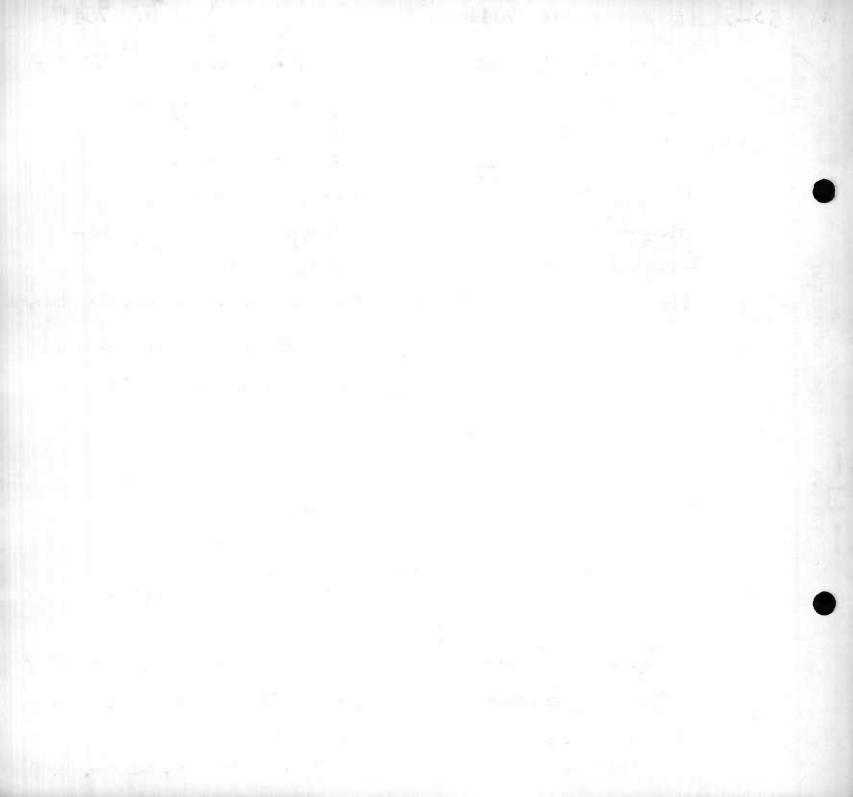
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67	543 BALTIMORE CIT	T HEALTH DEPARTMENT		CM M549
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered No	07 7343
M.E. CASE NO.	0 ,	2. DATE AND	HOUR OF DEATH	
(Type or Print) BRANDENBURGER	· anna h.	8-7	7-67	1 3 25 A
THE SEPTEMBER THE PALTIMONE MERYLAN	MENDED	4. USUAL RESIDENCE (Where A, STATE B. COUNTY	deceased lived. If inst	titution: residence before admission
FULL NAME OF (If not in haspital or insti	MENDED	1 ch	- 1	a.O.P.
HOSPITAL OR oddress or locotion)	8/15/67	C. CITY OR JOWN / (If outside		JRAL and give township)
INSTITUTION /	, / /	Pasader	Ca	52-00
+ Don Secares +	an policie	D. STREET ADDRESS (If rur	ol, give locotion	
Hos	pital	Raute #1	But	#59
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)		AGE (In years st birthday)	If Under 1 Yr. If Under 24 Hr. Manths Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B. K.	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHYLACE (Store or foreign	country)	12. CITIZEN OF
one during mast of working life, even if retired)	dev Data	Baltemar	0	WHAT COUNTRY?
B. FATHER'S NAME	ace I was	14. MOTHER'S MAIDEN NAME	^	00%
H //		2/1	(1)	
I'm. Kasky	19.4	Allena	TEUR	
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give wor or dates of so	SECURITY NO.	17. INFORMANT		ADDRESS
Mo		Pts. ChART		
1B. / 49 2 /	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) // Salar	tastatic care	rinoma	months
(This does nat mean the mode of dying heart failure, asthenio, etc. It means the d				
injury or complication which coused death.				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any,	giving			
rise to the obave cause (A) statin	g lhe (C)		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	**************************************
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TO THE DEATH BUT NOT RELATED OF CONDITIONS CONTRIBUTIONS C				
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar No)	20B. IF YES, WERE FI	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	D	NO	IN CERTIFYING CAU	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	hame, farm, factory, street, etc.)	office bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hou	1) 21E, INJURY OCCURRED	21F. HOW DID INJUR	RY OCCUR?	
OF INJURY	While At Not Wh		500011	
(APPROX)	Work At Work	. 🗀		4
22. I certify that (1) (this haspita) atte				Aug. 7 19 67
that (I) (we) lost sow the deceased aliv	on 2:25AM AKK	3.7.19 87 and that	in (my) (aur) opin	ion death occurred an the do
and hour and from the couses stated ob				
23A. SIGNATURE		,	1	23B. DATE SIGNED
Exemplas K	and M.D. AI	tending Med. St	off nys.	8-7-67
23C. PHYSICIAN'S	Ph	ys. Director Pt	193. 🖾	0/0/
NAME (Type) BYUNG KA	P KANGT M.D	T /	cours He	ospital
4A. BURIAL CREMATION, 24B DATE	24C. NAME OF CEMETERY OF CH	REMATORY 24D. LOC	CATTON (City	town, or county) (Stote)
REMOVALIS ecify)		6055	Sael-	
		25C FUNERAL DIRECTOR	O CO	ADDRESS
AUG 8" 1967 A" 6	AME OF REGISTRAP	25C/FUNERAL DIRECTOR	-7351-	to Tulo se
17	and all depoted to	14	,,,,	-4 11 10
/S 150-REV. 1/1/65		·		

8/15/67 - Correction form from funeral director.

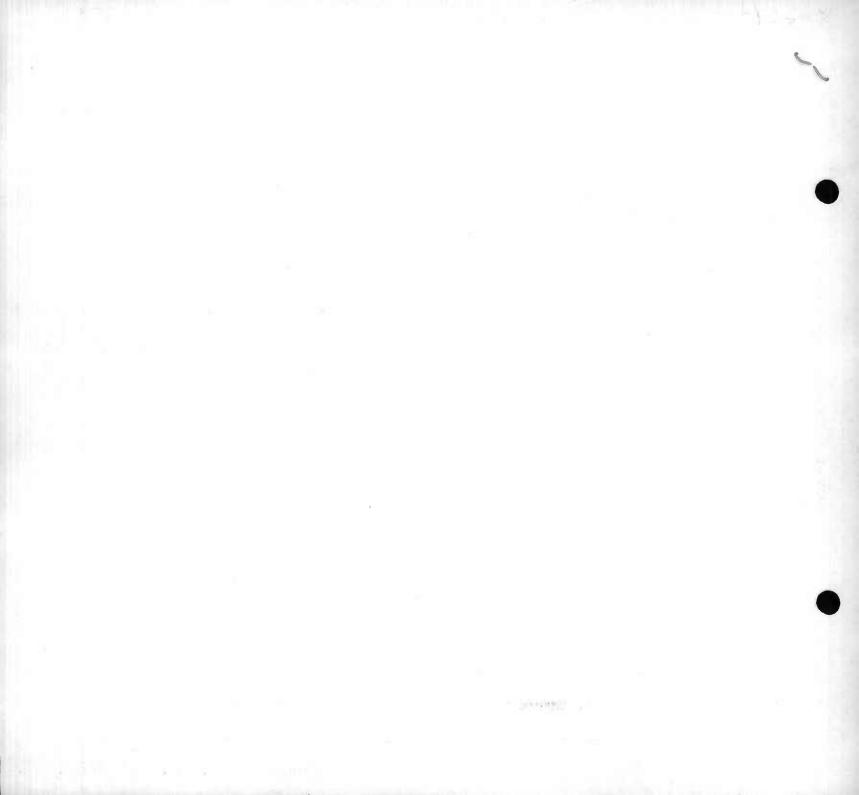
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FUNERAL DIRECTOR: IMPORTANT

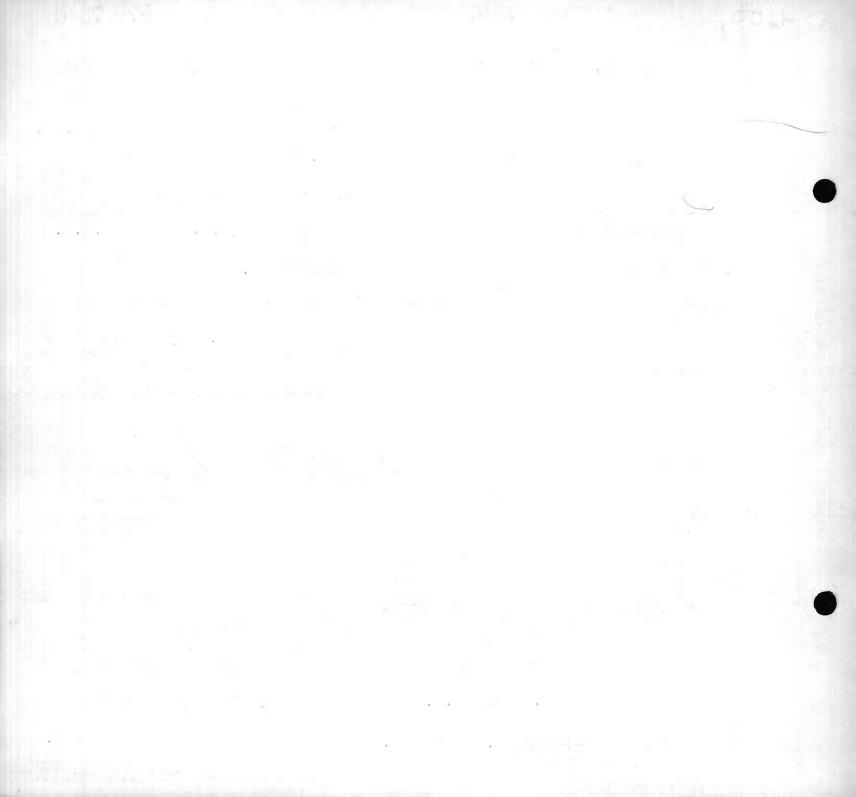
.E. CASE NO.				
NAME OF DECEASED		2. DATE AND I	OUR OF DEATH	
ype or Print)	Datauh Pasu			1
PLACE OF DEATH IN BALTIMORE, MA	Rosenbloom	August 4. USUAL RESIDENCE (Where de	5, 1967	5 A.
PLACE OF DEATH IN BALTIMORE, MA	RILAND	A. STATE B. COUNTY	iceased lived. II ins	slitution; residence before odmissio
FULL NAME OF (If not in hospital oddress or location INSTITUTION	or institution, give street n)	C. CITY OR TOWN (II outside	city limiter with R	URAL and give lownship
0		Baltimore D. STREET ADDRESS (If rurol	give location)	8 21
4213 Woodmere Avenue		4213 Woodmere A	venue.	
SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. A	GE (In years	If Under 1 Yr. If Under 24 H Months! Doys Hours Min.
Female White	WIDOWED, DIVORCED (specify)	march 1901 0st	birthdoy) 66	Months Doys Hours Min.
ne during most of working life, even if retired)	TOO, KIND OF BOSINESS OR INDOSER	The state of tolergin	outility)	WHAT COUNTRY?
Haus auxi Ia	Art House	Durate		USA
Housewife FATHERS NAME	At Home	14. MOTHER'S MAIDEN NAME		USA
Inknown		Unknown		
Was Deceased Ever in U. S. Armed For		17. INFORMANT		ADDRESS
s, no or unknown) (II yes, give war ar date	s of service) SECURITY NO.			
10	Na	Mrs. Sonia Can	Pain OF10	Eastingdon Day
1B. / () V	CAUSE O	F DEATH SONIA Cap	CUI, 2518	INTERVAL BETWEEN
2.1.4				ONSET AND DEATH
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	(A) (A)	anoma of 16	uciear	- 10 mos
(This does not mean the made of		/)//		
hearl failure, asthenia, etc. It means injury ar camplication which caused				
		U		
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DISEASES OR CONDITIONS, if				
rise to the above cause (A)				
UNDERLYING CONDITION last.				
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DIRECTOR:

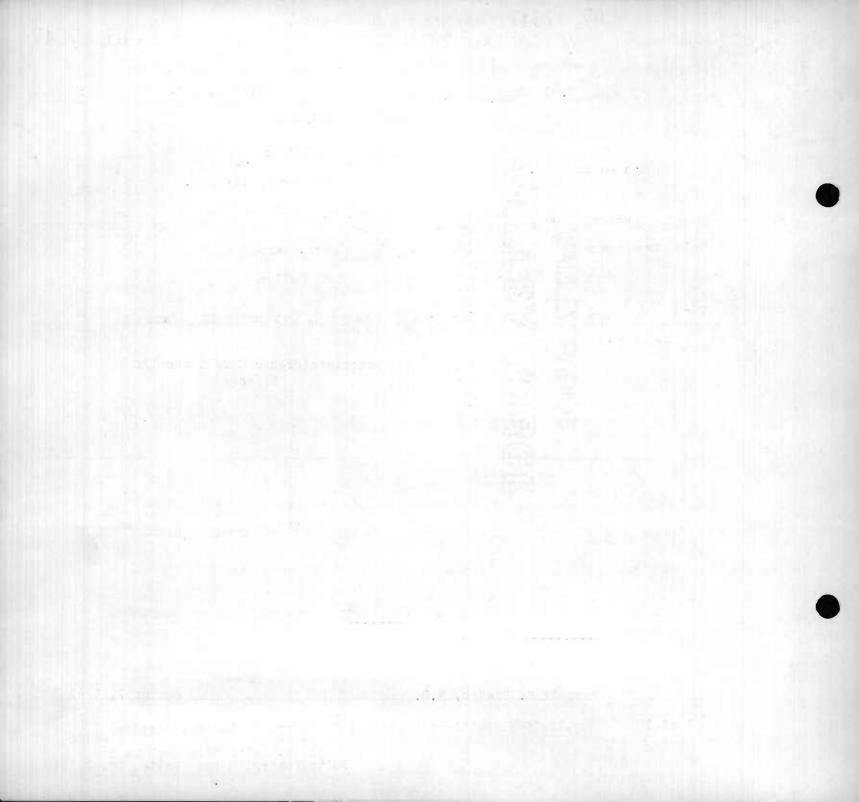
FUNERAL

(If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. 12. CITIZEN OF U.S.A. ADDRESS Mary E Wharton Keswick Records ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct locotion) and that ip (my) (aur) apinian death accurred an the date .University Parkway (City, town, or county) (Stote) Baltimpre



67 7547 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 7547

M.E. CASE NO.								
1. NAME OF DEC	EASED			2. DATE AND HOUR PRONOUNCED DEAD				
	THOMAS H. C	OTTER			Aug	ust 6, 1967	1	9:30 a
3. PLACE IN BALTI	IMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESID	ENCE (Where	deceosed lived. If in B. CC	stitution: resid	lence before odmissi
FULL NAME OF	(IF NOT IN HOSPIT	AT OR INSTITU	ITION CIVE STREET	Mar	yland			4
HOSPITAL OR	ADDRESS OR LOCA	TION)	JHON, GIVE STREET	C. CITY OR TO	WN (If outsid	de corporate limits, wr	ite RURAL on	d give township)
IN SHITO HOLK				Ra	ltimore		41	70
60/ W	Joodbourne Av			D. STREET ADD				
004 W	oodbourne Av	е.		604	Woodbo	urne Ave.		
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRT	Н	9. AGE (In years		1 Yr. If Under 24 H
		Non	DIVORCED(specify)	Fob 5	1000	lost birthdoy)	Months	Doys Hours Mir
Male	White JPATION (Give kind of world	108 KIND OF	BUSINESS OR INDUSTR	Feb. 5, 1		an country)	12. CITIZE	N OF
done during most of w	vorking life, even if retired)						WHA.	T COUNTRY?
Maintena		Welch]	Bach Corp.	Baltimore	Mary.	land	USA	A
13. FAIRER 3 NAM		~				it.		
	Machael				Mullen			
	O EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
Yes	War L		215-05-9197	Wasal M	Catta	· (w: 0-)		
11B. 2 /	wal B			Hazel M.	. Cotte	r (Wile) S	ame	INTERVAL BETWEEN
40	Xdill		CAO 31	OI DEAM				ONSET AND DEAT
DISEAS	SE OR CONDITION DI LEADING TO DEATH							
(This does n	of mean the mode of osthenio, etc. It means		(A)	Arteriosc	lerotic	Cardiovaso	cular	
heort foilure,	osthenio, etc. It meons application which coused	the disease.	501.10		Dis	ease		
	NTECEDENT CAUSE		(B)					
RISE TO THE	OR CONDITIONS, IF A E ABOVE CAUSE (A) S'	ANY, GIVING	DUE TO					
	IG CONDITION LAST.		(0)					
ő			(C)					8 9 4 8 4 0 4 9 9 7 7 7 7 9 0 0 0 0 0 0 0 0 0 0 0 0 0
A OTHER SICK	II NIFICANT CONDITIONS	CONTRIBUTO	N.C.					
O THE	DEATH BUT NOT RE	LATED TO T	HE				19 15 17	
DISEASE OR	R CONDITION CAUSING							
H 19A. DATE OF	OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	20B. IF YES, WERE I		
344					YES		YES	
O UNDERLYING		21 B. home	PLACE OF INJURY (e.g., form, factory, street,	in or about 21C, V	WHERE DID	(If in Boltimore City,	give exoct lo	cotion)
UTING CAUS		etc.)	, , , , , , , , , , , , , , , , , , , ,		· occor.			
Z 21 D TIME	(Month) (Doy) (Yeo	r) (Hour) 2	1E. INJURY OCCURRED	21 F. H	OW DID INJ	URY OCCUR?		
OF INJURY (APPROX.)				WHILE				
		m. V	VORK AT W	ORK				
22.	ify that I held an I	nauiry	Inspection Au	topsy XX and	d that on th	is bosis, deoth in	my opinior	
				- 1111				
result	ted from: Notural co	USES/(X)	ccident Sulcid			Undetermined man	ner 🔛	
ACTUAL		4	0 ,			XAMINER X		DATE SIGNED
SIGNATE		one	M.D	ASSISTANT M	EDICAL E	XAMINER		
EXAMIN				ASSOCIATE M	EDICAL E	XAMINER		
NAME (T	1,000		her, M.D.			At	ugust 7	. 1967
23A, BURIAL CREA REMOVAL (Specify			C. NAME of CEMETERY	CREMATORY	23 D. I		ty, town, or c	
Burial	Aug. 10	/1967	Baltimore Nati	onel Como	tant	Do 1+imama	Manala	. 3
24A. DATE REC'D			OF REGISTRAR		AL DIRECTO	Baltimore,		DDRESS
	there o					itz 5209 Y		
	AUG 8 1967	7 R.D.	Fo E. Falleum	Seitz	Funera	I H ome B	alto. N	d. 2 1212
VS 151-REV. 1/1/6			A STATE OF THE PARTY OF THE PAR					and annual specifics



BIR	17-300 67	7548	TY HEALTH DEPARTMENT	1//	67 7548
1.1	E CASE NO. NAME OF DECEASED pe or Print) MEADE	ROGER		AND HOUR OF DEATH	1 6 P.M.
i	FULL NAME OF (If not in hospital or oddress or location institution BALTIMORE CTI 4940 EASTERN BALTIMORE, MA	Y HOSPITALS AVENUE	A, STATE B CC MARYLAND C. CITY OR TOWN (I) BALT IMORE (D. STREET ADDRESS	Where deceased lived. If in DUNITY f outside city limits, write COUNTY (If rural, give location) SUMMIT AVENUE	Bulta Co.
5. :	MALE 6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	6-9-27	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	NUSUAL OCCUPATION (Give kind of work to during most of working life, even if relired) Ales Rep. FATHER'S NAME	Fridigaire Cor			12, CITIZEN OF WHAT COUNTRY? U.S.A.
	XXXXXXX Earl	P. Meade		XX Jesse Ro	oger s
(Ye	Was Deceased Ever in U. S. Armed For s, no or unknown) (If yes, give war or dote	s of service) 16. SOCIAL SECURITY NO. 062-20-873	17. INFORMANT BCH; REC ORDS	4940 EASTERN	ADDRESS N AVENUE 21224
	DISEASE OR CONDITION DISEASE O	dying, e.g., DUE TO the disease, death.)	Acute Le	ukemia.	INTERVAL BETWEEN ONSET AND DEATH
z	DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost.	ony, giving stoting the (C)			
AL CERTIFICATIO	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IN 19A-DATE OF OPERATION 19B-CON WAS PERIOD OR CONTRIBUTING CAUSE OF DEATH (notify medical artiminer)	ATED TO THE IT. DITION FOR WHICH OPERATION FORMED 218, PLACE OF INJURY(e.g.	20 A. AUTOPSY? (Yes o	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH? YES TO City, give exact location)
MEDIC	21 D. TIME (Month) (Day) (Yeo) (APPROX.)	(Hour) 21E WJURY OCCURRED While At Not Work At Wo	hile	INJURY OCCUR?	• (
	22. I certify that (1) (this haspital that (1) (we) last saw the decease and haur and from the causes state	ed alive an 8 4			8/9 19 67
24/	23A. SIGNATURE 23C. PHYSICIAN'S DR. W STA NAME (176) A. BURIAL CREMATION, 1248, DATE	M.D. A	Attending Med. Director 23D. ADDRESS P. EA	STERN AVENUE O LOCATION (C	BALTO. MD. 21224
	Burial 8-8-67 A. DATE REC'D BY HEALTH DEPT.	Dulaney Valle	ey Mem. Gar		Md. ADDRESS
VS	AUG 8 1967	Robert E. Farburns	C.F.EVANS	& SON 8802	Harford Rd.

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and the state of t

4.00	E. CASE NO. IAME OF DECEASED peo or Pont)	2. DATE AND HOUR	
,	PLACE OF DEATH IN BALTIMORE, MARYLAND	8-6	
٥.	PLACE OF DEATH IN BALTIMORE, MARTLAND		d lived. If institution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	MARYLAND	13 alto Co
	INSTITUTION	C. CITY OR TOWN (If outside city I	imits, write RURAL ond give township)
2.	CHURRH HOME & HOSPITH	2 D. STREET ADDRESS (If rurol, give	lo cotion)
N	CITATOR II TO CO	1004 H. S.	
5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specific	8. DATE OF BIRTH 9. AGE (In	
	WIDOWED, DIVORCED (specific	8/0/ 1858	8
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTRY?
uoi	-7	MARGIAND	USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	FRANK BUTTON	UNKNOWN	
15.	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NO SECONI NO.	JULIUS FANTA	ISLE 12 TOWN SHIP
		E OF DEATH	INTERVAL BETWEEN
		2 , 2 /2 /	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO	entere geneens	age 3 Day
	hearl failure, asthenia, etc. Il meons the disease,		V
	ANTECEDENT CAUSES (B)	ypertensions	years
	DISEASES OR CONDITIONS, if any, giving	Enterel Geneenk Eggertensions arterioschio	1
	rise to the obave cause (A) stating the (C)	arterioschio	us years
	UNDERLYING CONDITION Iosi.		
MOIL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
RTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF	YES, WERE FINDINGS CONSIDERED THEYING CAUSES OF DEATH?
AL CE	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 B. PLACE OF INJURY (home, form, foctory, sire	e.g., in or obout 21.C. WHERE DID (in office bldg., INJURY OCCUR?	f in Boltimore City, give exact location)
DIC	21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCC	U R?
MEDI		While Vork	
	22. I certify that (I) (this hospital) attended the deceased from	0,	to 8-6 1967
	that (1) (we) last saw the deceased alive an 8-6) (aur) apinian death occurred on the date
			(Cost opinion death occurred on the sate
	and haur and fram the causes stated above. (I) (We) (did) (did n 23A. SIGNATURE	ii, view the body after death.	23B, DATE SIGNED
	There & M.D.	Attending Med. Stoff Phys.	8-6-67
	23C. PHYSICIAN'S	23D. ADDRESS	
	NEWITH & SUAREZ	A.D. Church Hom	8-6-67 e of Sointel
24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 24D, LOCATION	(City, town, or county) (Stote)
	BURIAL 8/9/67 DAK LAW	N BAL 25C. FUNERAL DIRECTOR	TO. M.D.
25/	A. DATE REC'DENT REACTH DEPT 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	1301 (11. 1. 17) 254 11. 11		n
	150-REV. 1/1/65	J.G. CONNELLY	SONS 300 MAC



IMPORTANI DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

INTERVAL BETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 1967 and that in (my) (our) apinian deoth occurred on the date 23B. DATE SIGNED (City, town, or county)

If Under 24 Hrs.



FUNERAL DIRECTOR:

BIRTH NO. 67 7	552 CERTIFICA	TE OF DEATH	Registered Na.	7552
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
(Type or Print) HARRY J. AR	MSTRONE T	TT AUI	5 2 196'	7 1 N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	(1) 11) VIV -	4. USUAL RESIDENCE (Where	deceased lived. If institu	Vulion; residence before admission
			//	
FULL NAME OF (If not in hospital or institute oddress or location)	tion, give street	C. CITY OR TOWN (If outs	ALTOGO side city limits, write RUR	(AL and give township)
INSTITUTION				63-00
3/		D. STREET ADDRESS (II I	urol, give location)	
BALTA CITY HO	SPITALS	6759 WOL	DDLEY RE).
BALTO, CITY HO	RIED, NEVER MARRIED	B. DATE OF BIRTH 19		If Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.
				Aonths Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store or foreig	in country)	12. CITIZEN OF
lone during most of working fife, even if retired)				WHAT COUNTRY?
ASSEMBLY 3. FATHER'S NAME	6. M.	MO.		USH
3. FATHER'S NAME	,	14. MOTHER'S MAIDEN NAM	A E	
HARRY J ARMSTR	NG SR		MURA	RAY
HARRY TARMSTRIC 5, Wos Deceosed Ever in U. S. Armed Forces? es, no or unknown) III yes, give wor or doles of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	SECORITY NO.	1000 00.	450	n Roll
18. of 4,11	CAUSE OF	TYSHITY HILL	151110106	A BOVE
	CAOSE O	A		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(Ben	te - reardial	1. farition	1/2 Cur.
(This does not mean the made of dying,	e.g., DUE TO	MARY ARN te myocardial mie Congletion		3 years
heart failure, asthenia, etc. It meons the disc injury at camplication which caused death.)	ease,	· C-ago, time	Lest briles	2 444
ANTECEDENT CAUSES	(8)	nie Grojeetti (3 years
	DOE 10			
DISEASES OR CONDITIONS, if any, gi				
UNDERLYING CONDITION last.		0 4 4 4 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		100 4
_				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING			
DISEASE OR CONDITION CAUSING IT.		100.		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of No)	IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
	Total state of the	1 1010 1010	W	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
OF INJURY (APPROX.)	While At Not While	e 📄		
	WOIK - AT WOIK	1.	15	10 1
22. I certify that (I) (this hospital) ottend	ded the deceased from	12-18 1	962 to	3 19 6
that (I) (we) last saw the deceased alive	an 6 - 6	2 196 / ond the	ot in (my) (our) opinio	on death accurred an the do
and haur and from the couses stated above	ve. (1) (We) (did) (did not) v	iew the body ofter death.		
23A. SIGNATURE			2:	3B, DATE SIGNED
John Conu	M.D. Atte	ending Med.	Stoff Phys.	
23C. PHYSICIAN'S	<i>(</i>)	23D. ADDRESS	, 3.	
23C. PHYSICIAN'S NAME (Type)	M.D.			
No.		10.5		
REMOVAL (Specify)	C. NAME of CEMETERY OF CRE		CATION (City,	town, or county) (Stote)
BURIAL 8/5/67	MEADOWRIDE	SE G	BALTO.	COO MO
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	MEADOWRIDE ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
AUG 8 1967 (P.C.	20 E, Sarbermi	J. G. CO MI	RELLY SO	NS 300 MAG
100		10.0.00	V = == 1	

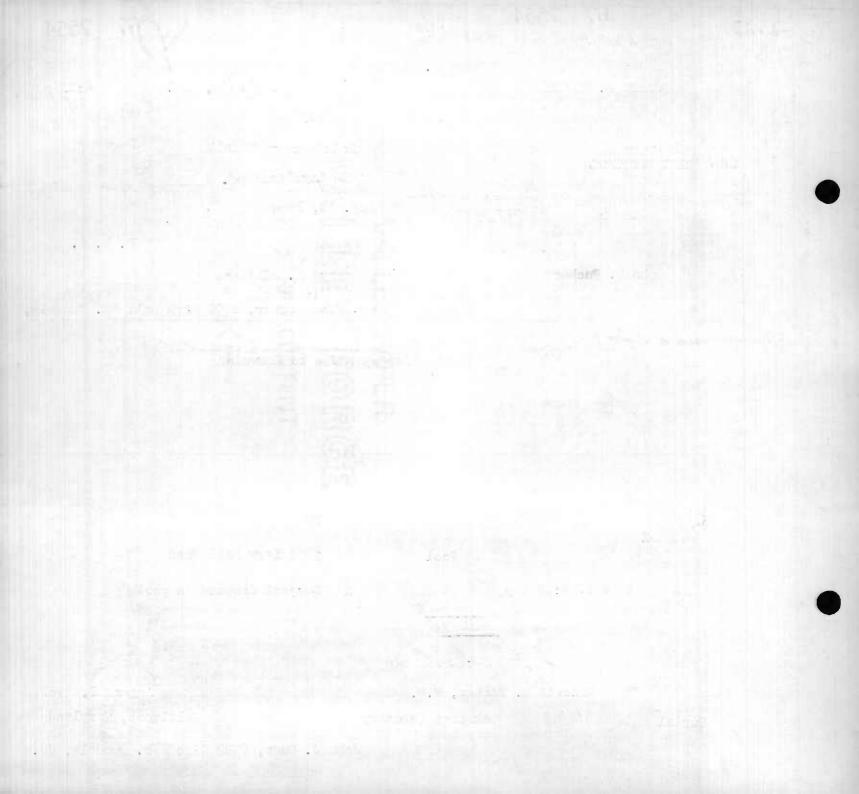


DIRECTOR:

FUNERAL

I - - - Greeni I TAKE BESTELLING SIN BUILDING A CONTROL OF THE · JOHN SEDEN ę , . bW | 1 T | 1 T | 1 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T | 2 T |

	67 7	554	BALTIMORE CITY HEA	LTH DEPARTMENT			Cr	y 1-41-1	_ (
IRTH NO. 6	4-2309/MED	ICAL EX	KAMINER'S C	ERTIFICAT	E OF D	EATH Registe	red Na	7 755	04_
NAME OF D			James A. Buch	ner la	DATE AND	HOUR PRONOUNC	FD DEAD		
Type or Print)	IAMES A. BUCHEF	7 D	odines n. Duci					1 /1 - 35	D M.
PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDEN	NCE (Where d	eceosed lived. If insti	ilution: resi	dence before o	dmi's sion)
ULL NAME OF	F (IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Mary	rland	corporate limits, write		Imore	nip)
Stitution Balti		A IION/		Baltimo			3	3-00	
	HOSPITAL			D. STREET ADDRE					
1		· · · · · · · · · · · · · · · · · · ·		2004 Lar	k Hall		117 11 1	1 9 1/ 11	
. SEX	6. RACE		DIVORCED (specify)	Aug. 18,	7 061.	9. AGE (In years lost birthday)		Doys Hours	
Male	White		Married F BUSINESS OR INDUSTR			2 country)	12. CITIZ	EN OF	\$ *
	of working life, even if retired)			Maryland			WHA	S. A.	
B. FATHER'S NA	AME			14. MOTHER'S MAI					
	ohn R. Bucher			Faye	L. Will	iams			
es, no or unknow	wn) (If yes, give wor or dot		16. SO CIAL SECURITY NO.	17. INFORMANT(F			ADDRES	^s Marylan	d
No			None		Bucher,	2004 Lark	Hall		
18. = 9	129.4		CAUS	E OF DEATH				INTERVAL 8E ONSET AND	
	EASE OR CONDITION D LEADING TO DEATH	1	(A) AST	hxyia due i	to drow	ning			
(This doe heart failt	s not meen the mode of ure, osthenio, etc. It meen complication which coused	dying, e.g., s the disease, death)	DUE TO	, was good to a second				****************	000000000000000000000000000000000000000
	ANTECEDENT CAUSE	ANY, GIVING	(8) DUE TO				••••••		
	THE ABOVE CAUSE (A) S YING CONDITION LAST.						1411		
Ž			(C)						
	IGNIFICANT CONDITIONS								
DISEASE	OR CONDITION CAUSING	G IT.							
DISA. DATE	OF OPERATION 198. CON	REPORMED	WHICH OPERATION			OB. IF YES, WERE FILE N CERTIFYING CAU			
21A, EXTERN	VAL CAUSE WAS GMOR CONTRIB-	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. Wh	HERE DID (II	in Boltimore City, gi	ve exoct le	ocotion)	
UTING C	AUSE OF DEATH.	etc.)	Pool			HallaRoad	3	3-0	0
21 D TIME OF INJURY	(Month) (Doy) (Yes	on (Hour)	21 E. INJURY OCCURRED		M DID INJUI				
(APPROX.)	8 6 67 4:0	00 ? pm.	WHILE AT NOT	WHILE X Su	bject d	rowned in	0001		
22.	ertify that I held an	inquiry 🗌	Inspection X Au	utapsy and	that on this	basis, death in n	ny apinia	n	
res	sulted from: Natural co	ouses .	Accident XX Suicio	de Homicid	e U	ndetermined mann	er 🗌		
ACTU	IAI /	21	- 0 /		DICAL EXA			DATE SIG	SNED
SIGNA	ATURE	1	Mer M.	ASSISTANT ME					
	AINER'S E (Type) Russel	1 S Fi	sher M D	ASSOCIATE ME	DICAL EX	AMINER	Διιστ	st 7, 1	967
3A. BURIAL C	REMATION, 23B. DATE		Sher M.D.		23D. LO		, town, or		967 (Stote)
Burial	8/8/6		ak Lawn Cemet			Balt		Maryla	nd
4A. DATE REC	AUG 8 1967		OF REGISTRAR	John J.		7922 Wise		oundalk.	Md.
		Uble	& E. Farbeyt	9 9		.,		,	/
/S 151-REV. 1/	11/65 1 9 9	0 1	The second second	100 E 100	1				1/



	67 7	15.5 BALTIMORE CITT	HEALTH DEPARTMENT	67 7555
BIRT	H NO.	CERTIFICA	TE OF DEATH Registered No.	07 7555
	CASE NO.	rs. Mabel C. Ayc		
	e or Print) NAOC MAN	C. AVCOTH		1000 12:30 8
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If	institution: residence belore admission)
			A. STATE B. COUNTY	D.11.1
	ULL NAME OF (If not in hospital or institu	ition, give street	Md Baltimore	Bala Co
	IOSPITAL OR oddress or location) NSTITUTION	1 4.1	C. CITY OR TOWN (If outside city limits, write	
1	Church Home ! l	tospilly/	BALTIMURE - Edge D. STREET ADDRESS (II turol, give location)	emere 33-01
)			22.12 0 -1 0	# 19
			2343 Kuth Hw	1 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5. S	E - COLL (WID	OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	Temale Cally,	Widowed	11-26-00 66	
	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working, lile, even if retired)	ID OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or loreign country)	12, CITIZEN OF WHAT COUNTRY?
	housewife		49	USA
3. 1	FATHERS NAME		14. MOTHER'S MAIDEN NAME	
	KUNDET MUCE	C	MARY YOUNKE	L
5. \	Nos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17 INCORALANT .	ADDRESS
Yes	,no or unknown) (If yes, give wor or dotes of ser	vice) SECURITY NO.	(Sond	- Clame Do Whell
		214-24-4379	Allison Hycoth	- SAMIE AS ABOUE -
	1B. 260 XI	CAUSE O	F DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		110111	
	LEADING TO DEATH (This does not mean the mode of dying,	(A) HILL	condutic andre Vasculus Di	
	heart failure, osthenia, etc. It meons the dis	ease,		
	injury ar complication which coused death.)	(B) Ch	euric Courseline foilure	
	ANTECEDENT CAUSES	DUE TO		
	DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating	The M	mine Arrent	
	UNDERLYING CONDITION lost.	(0) 131	Aluter ALLE 1.	
	11	(0)	1000-01	
O	OTHER SIGNIFICANT CONDITIONS CONTRIB			
ATI	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	NO 20 A. AUTOPSY? (Yes at No.) 20 B. IF YES, WERI IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
ERTIFIC				
O	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or about 21 C. WHERE DID (II in Boltime ffice bldg., INJURY OCCUR?	ore City, give exact location)
CAL	DEATH (notify medical examiner)	etc.)		
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
×	OF INJURY (APPROX)	While At Work Not While At Work		
			- 12 /2 / 2	01/1/20
	22. I certify that (I) (this hospital) atten	1111.		-/0/
	that (I) (we) last saw the deceased alive	on 8/4/4	7 and that in (my) (aur) a	oinian death accurred an the da
	ond hour and fram the causes stoted abo	ve. (1) (We) (did) (did aux)	view the body after death.	
	23A. SIGNATURE	~ ~		23B. DATE SIGNED
	Francisco Boa	Cla M.D. AH	ending Med. Stoll Phys.	8/6/67
-	23C. PHYSICIAN'S	00	23D. ADDRESS	
	FRANCISCI)	BALTATA M.D.	CHURCH HOUS	& HOSPITAL
244	BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	City, town, or county) (State)
	REMOVAL (Specily)			7.4.2
	Burial 8/10/67	Oak Lawn Cemeter		ltimore, Maryland
25 4	DATE REC'D BANGTS DE 1967 255 N	ME OF PEGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	46	-, -, -,	John J. Duda, 7922 Wise	Ave. Dundalk, Md.
	156 BCV 1/1/65			

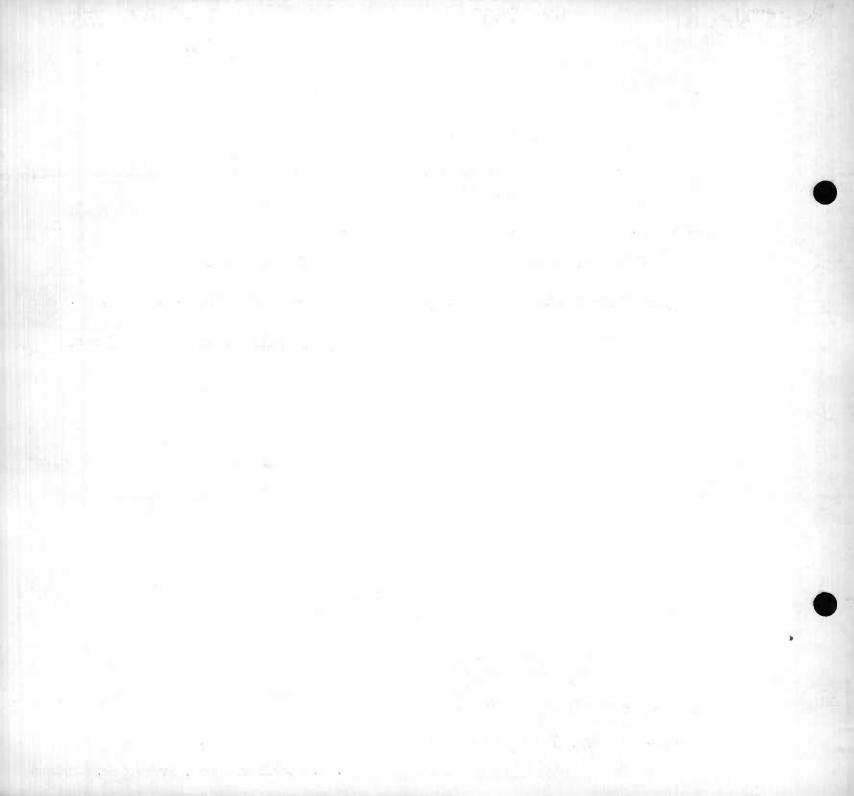
Miking terming period in the first No. 2 (2007) again CHARLES HOLE STOP BALLMERE. 2343 PLUTH AVE 11-20-00 66 6M * Joursey MARY YOUNKER Robert Myers ELG-THAN HILLIAM BYCESTH - SAME OF THE PLE Actionalistic Conductivación Dic Chanse Conjust in fairlus

IMPORTANT

FUNERAL DIRECTOR:

THE CHARLES AND THE CONTRACT OF THE CONTRACT O 81 22 Ho-1-1 V. 16. Butter Charles Contract The Direct of Mayord of May 1 the State of the

BRT	TH NO. 67	755		TE OF DEATH	Registered Na.	67 7557
1. N	E CASE NO.	-	CERTIFICA		AND HOUR OF DEATH	
(Тур	Pe or Print) Austin Jose	ph K	ennedy	Λυ	g. 4, 1967	8:15 A
F	PLACE OF DEATH IN BALTIMORE, MARYLAN FULL NAME OF (If not in hospital or ins HOSPITAL OR oddress or location)	ND		Md.	INTY	institution: residence before odmission
INSTITUTION				Frederick	outside city limits, write	RURAL and give township)
US Public Health Service Hospital 3100 Wyman Park Drive				frurol, give locotion) ee Trail	00-11	
5. S		IDOWE	NEVER MARRIED D, DIVORCED (specily) Tied	8. DATE OF BIRTH 5/27/37	9. AGE (In years lost birthdoy)	Il Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done	N. USUAL OCCUPATION (Give kind of work 108, 1 to during most of working life, even if retired) ASST. Adm. Sanitary Comm		F BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
13. [FATHERS NAME			14. MOTHER'S MAIDEN N	AME	
	Joseph B. Kenned	У		Marga	ret Kidd	
5. V	Wos Deceased Ever in U. S. Armed Forces?			17. INFORMANT		ADDRESS
res	yes USAF 1956-196		215-34-2732		PHS Hospital	l, Balto, Md.
	18.204.31		CAUSE OF	DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH	(A)	cute lymphocyti	ic leukemia	3 mos.	
	injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.					
ATION	OTHER SIGNIFICANT CONDITIONS CONTE TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	G Pt	ılmonary hemori	hage	Terminal	
RTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			20 A. AUTOPSY? (Yes or)	10) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
_	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	PLACE OF INJURY (e.g., in ne, lorm, foctory, street, off)	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	Of in Boltimo	re City, give exact location)	
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work			21F. HOW DID IN	JURY OCCUR?	
	22. I certify that (I) (this haspital) atte	ended t	he deceased fram	June 26	1967 to Aug	g. 4 19 67
	that (1) (we) last saw the deceased ali and have and from the causes stated a					inian death occurred an the da
	23A. SIGNATURE	5476.7	in (iii on (didi) kajia jiajin v	Tew The budy offer death	•	23B, DATE SIGNED
	1/1	1	M.D. Atte	nding Med. Director	Stoff X	8/4/67
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS						
24A	Henry S. Crist, SA Su A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		AME of CEMETERY OF CRE			Hospital, Balto, Mc
25A	- 0 10 14-	Mou	nt Olivet Ceme			
1/5	150-REV. 1/1/65	okre	o E talkerma	M. W. Erchi	son & Son, F	rederick, Maryland

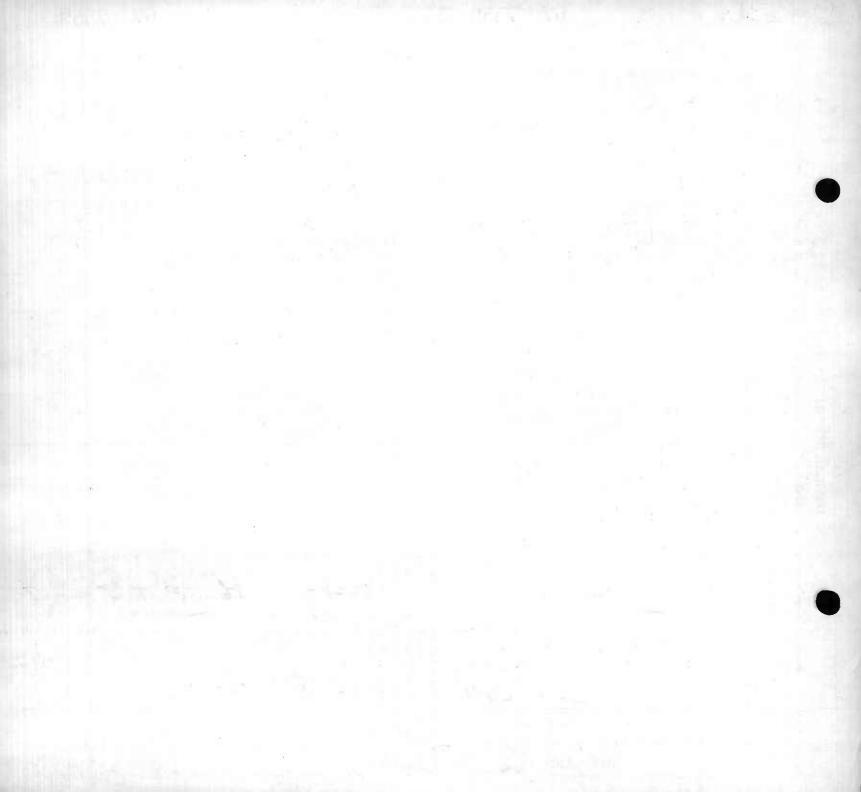


	67	755	8 BALTIMORE CITY	HEALTH DEPARTMENT		67 7558
BIRTH NO.		100	CERTIFICA	TE OF DEATH	Registered No.	.000
M.E. CASI	E NO. DE DECEASED			2. DATE	AND HOUR OF DEATH	
(Type or P		Seli	1:0	0	-1-17	8.001
3. PLACE	OF DEATH IN BALTIMORE, MA	DYLAND	118-	TA HISHAL DESIDENCE IN	here deceased lived If in	stitution: residence before edmission)
J. ILACL	or bearing in sacrimone, ma	RIEAND		A. STATE B. CO	UNTY	A
FULL N	AME OF (If not in hospital	or institution.	give street	MD 7	30timore	53-00
HOSPIT.	AL OR oddross or to cotion			C. CITY OR TOWN (IF	outside city limits, write	RURAL and give township)
1	11014		,	Baltimor	o rollaty	((ATONSVILLE)
4 %	on Secours	Hach	ital		(If rurol, give location)	(- 1710103 (1 - 10)
Do	The secons	11034	1-01	230 St	me wall k	ed 21228
5. SEX	6. RACE	7 MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
Ti	14/	WIDOWED	, DIVORCED (specify)	2 / 22	lost birthdoy	Months Doys Hours Min.
	VV	Wid	owed	2-6-15	7.4	
	L OCCUPATION (Give kind of work most of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
11	. 11	M	Home	8-	Pa	11 S A
	RS NAME T	011	110111	14. MOTHER'S MAIDEN N	IAME	4,2.71
4	Louis 1	6		OTA	1	
de	saise Schu	ab		ALOY.	ine	
5. Wos D	eceasod Ever in U.S. Armed For unknown) (If yes, give wor or dote	cos?	1 6. SOCIAL	17. INFORMANT		ADDRESS
103,110 011	Jikhowhili yes, give wor or dole	s of servico	SECURITY NO.	2 44		
14	2		05338306		.6CK	SAME
18.	420,01		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
,	DISEASE OR CONDITION DIE	ECTLY		1 1 1	1/ 1	
	LEADING TO DEATH		(A) Hr	moscleratic H	earl Usenx	3 months
	does not mean the mode of foilure, asthenia, etc. It means		DUE TO			
	or complication which coused		2 /	7	1 + 1.0-4	3
	ANTECEDENT CAUSES		(B) / sel	monary inf	ards, buch	L Mess
DISEA	ASES OR CONDITIONS, if	onv aivina	005 10	1 0 1	, 1	
rise	to the obove couse (A)		(c) Du	edenal ulce	r, healed	clais
UND	ERLYING CONDITION Iosi.				-	
	11					
OTHE	R SIGNIFICANT CONDITIONS C	ONTRIBUTING	3			
O TO DISEA	THE DEATH BUT NOT RELA	T.				
U 19A. D	ATE OF OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
19A. D	WAS PER	FORMED		ues	IN CERTIFYING CA	USES OF DEATH?
U 21A. A	CCIDENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or obouv 21 C. WHERE DID	(If in Baltimore	e City, give exect location)
OR CO	ONTRIBUTING CAUSE OF (notify modical examiner)	hom otc.	e, form, foctory, street, of	fice bldg. INJURY OCCUR?	-4	
U						
OF IN	IME (Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED		NJURY OCCUR?	
2 (APPR		Wh	le At Work		and the same of th	
20 1	45 / 10 / 10 / 10				10 / 0	0 / 10
22. 1	certify that (ł) (this haspita l) attended t	he deceased from	5	19 67 to	8 - 6 - 19 - 6 - 7 -
thot (t) (we) lost saw the decease	d alive an	Aug. 5	19ond	that in (my) (our) opi	nion deoth occurred on the dot
ond h	our and from the causes sta	ed above. (I) (We) (did) (did_net) v	iew the body ofter deat	h.	
	GNATURE (1)	1				23B. DATE SIGNED
	Bunne K	an K	M.D. Atto	nding Med.	Stoff 1	1 1 -114
		The Var	Phy	s. Director	Phys.	Aug. 6. 1961.
23 C. PI	HYSICIAN'S AME (Type)	/		BON !	secours H.	SPICAL
-	3 YUNG KA	PK	ANG M.D.		YE FRE ST	BALTO, MD 21223
24A. BURI.	AL CREMATION, 248. DATE	24C. N	ME of CEMETERY OF CRE			ity, town, or county) (State)
REM	OVAL (Specify)	. 7	A + A		1	
Remo	alaBerral 8/91	16/ W	Muzek	Cemeley	hussler.	new-Tour
25A. DATE	AUG OTH 1967	25B. NAME C		25C. FUNERAL DIRECT	OR	ADDRESS
	MOG 0 1907 (Colerest	E, Farbeina	546 110015	LEWIS A	na CAPPICAL W.
VS 150-RE	V. 1/1/65			1 / W 17:00	TO VE	~ GIRLING
TA I JU-KE	** 11.11.00					



U	-5	31
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	4	-

67 7	550 BALTIMORE CITY	HEALTH DEPARTMENT	67 MEED				
BIRTH NO.	CERTIFICA	TE OF DEATH Registered No.	07 7559				
I. NAME OF DECEASED	7111 11	2, DATE AND HOUR OF DEATH					
(Type or Print) I LYome	- R Undute	h August 5- 19	967 1/0:30 P.M.				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (White deceased lived. If in	nstitution; residence before admission)				
FULL NAME OF (If not in hospital or institut	tion gue steet	Md.					
HOSPITAL OR oddress or locotion)	ion, give sneer	C. CITY OR TOWN of outside city limits, write	RURAL and give township)				
1806 Burd Stree	7	Baltimore	24-04				
0000		D. STREET ADDRESS (If rurol, give tocotion)					
Baltimere, Md. 2	-1230	1806 Byrd VT.					
	RIED, NEVER MARRIED DWED, DIVORCED (specify)	9. AGE (In years tast birthday) 64	If Under 1 Yr. If Under 24 Hrs. Months Coys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	O OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Ship fitter wheth. Po	rtHuthority	Md.	U-S.A.				
William 1	Indutch	Sally Sherlock					
15. Was Occeased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
To is	313-12-6619	MRS. Mary Undutch &	side) same				
18. 5 8 1. O I	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Car	rhosis of Liver	10 M.				
(This does not mean the made of dying,	e.g., DUE TO		(0)				
heart failure, asthenia, etc. It means the disc injury or camplication which caused death.)							
ANTECEDENT CAUSES	(B)	7000 00 00 00 00 00 00 00 00 00 00 00 00					
DISEASES OR CONDITIONS, if ony, gi	OUE TO						
rise to the obove couse (A) slating							
UNDERLYING CONDITION lost.							
E TO THE DEATH BUT NOT RELATED TO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
19A. DATE OF OPERATION 19B. CONDITION I	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED				
WAS PERFORMED	_	200 IN CERTIFYING CA	USES OF OEATH?				
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21 C. WHERE DID (If in Baltimor	e City, give exact location)				
Q 21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
S OF INJURY (APPROX.)	While At Not While	le 🖳					
	Work At Work	in C	+ (- 17				
22. I certify that (1) (this hospital) attend	led the deceased from	/ (/	115/ 2/ 19.0/				
that (1) (we) last sow the deceased alive	on 1419 2/	19ond that in(my) (our) op	inlon death occurred on the date				
and hour and fram the couses stated about	ve. (1) (We) (did) (did not)	view the body ofter death.					
23A. SIGNATURE	A -		23B. DATE SIGNED				
11/1/1/www	M.D. All	ending Med. Stoff Phys.	August 5, 1967				
23C. PHYSICIANS NAME (Type) C - C. (CHIV M.D.	1 E. Randall St. Bas	Fine (30) Mg				
	C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (C	ity, town, or county) (State)				
REMOVAL (Specify) \$ 19/67	Holy Cros	& CRM A A A	a) Mil				
25A. DATE REC'D BY HEALTH, DEPT. 25B. NA	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS				
AUG 8 1967 (R.	But E. Falker MA		130 FF + + A.				
VS 150-REV. 1/1/65	Artica at amount	111 Chery Lemerec Hon	ec 1 and forther				

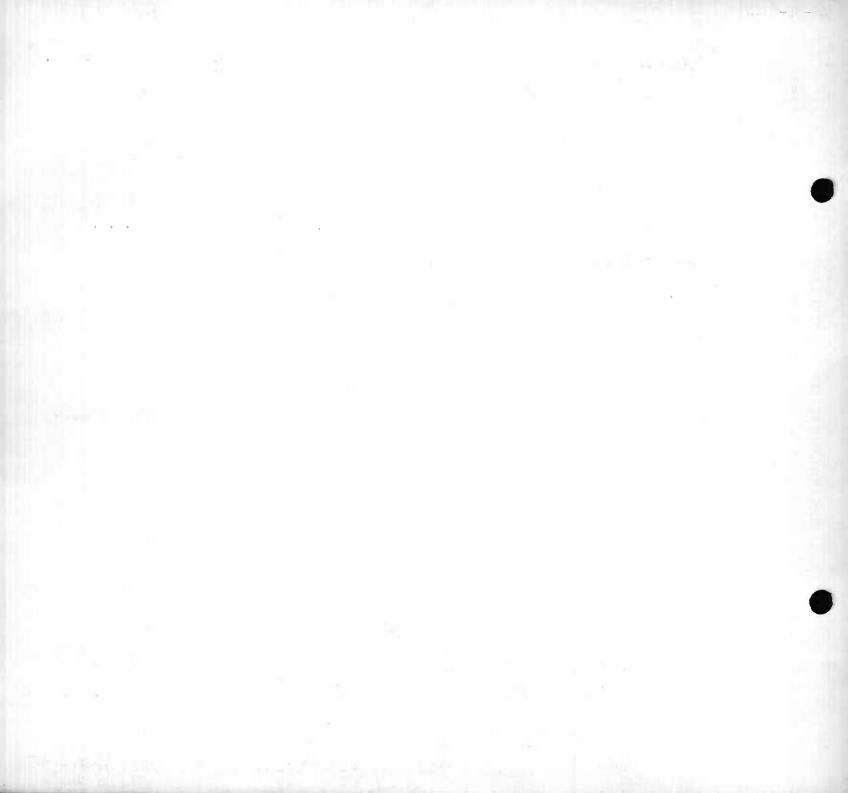


El Fill Steington CF Erapentan Bars Hatel

VS 150-REV. 1/1/65

And Appeles The Johns Hopkins Hosp tal 195 PRINCE BEDRAGES 48 18 18 2 Markey Catadal (1872 NA N/A N/A Johns M. Woods 30AN 11 1/10 Suphania + maraing - language Emplorables tosis Possible Cong. Heart Drawe All the of Breed to Service JULY 31 1967 HORRESONS TUDE placed the James B Brownform

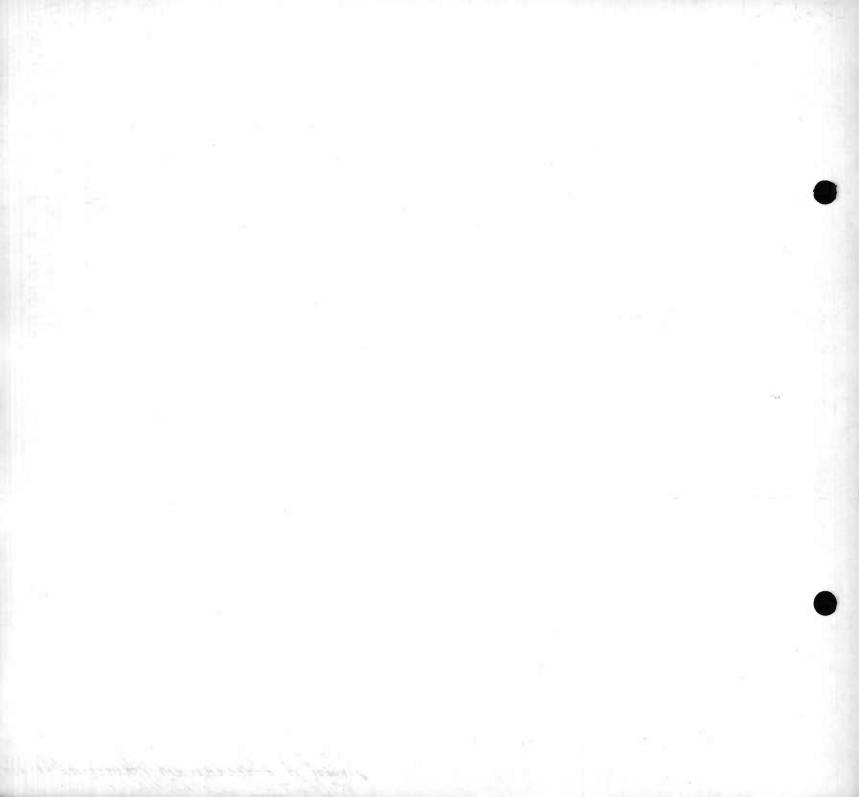
VS 150-REV, 1/1/65



IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



BIRTH NO.

M.E. CASE NO

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

(If outside city limits, write RURAL and If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact location) ond that in (my) (our) apimon death accurred on the date 23 B. DATE SIGNED (Stote)

Registered No.

William Starter Start for the

#	-20b.	6/ 7565	ATE OF DEATH Registered No. 67 7565
	death death cease on the	1. NAME OF DECEASED (Type or Print) ARCHIE S. HIGGS	7-30-67 10,20 P.
	a hospite cause of ise; (5) De endance to death	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township) COMPTON
	od catt	33 JOHNS HOPKINS HOSPITAL.	D. STREET ADDRESS (If rural, give tocation)
•	occurr intribu rmine regula ased	5. SEX 6. RACE 7, MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) SEP	8. DATE OF BIRTH 9. AGE (In years lost birthday) 1-6-1916 9. AGE (In years Months Doys Hours Min.
	death or con Undeter as in re e decea	done during most of working lile, even if retired) Self 13. FATHERS NAME	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
IN	direct direct dy, (4) U ath was on the	MITCHEL HIGGS 15. Was Deceased Ever in D. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or doles of service) SECURITY NO.	JULIA BUSH 17. INFORMANT ADDRESS
ORTA	if the iny kin ed dec dec dec exxing	18. 95 / XI × /50 X	OF DEATH OF DEATH OF DEATH ONSET AND DEATH
IMP	Also, Also, re of on mound atten	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, ostheria, etc. It means the disease, injury or complication which caused death.)	idiae & respiratory ament 35 min.
TOR:	miner. fractu no pro egular	hearl foilure, osthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES	maphylactic reaction to Pensiellin 39 min.
REC	al exar (3) A an wh in re	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	
SAL D	medical burns; bhysician was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE	Carcinoma of esophagus 11/2 yrs.
UNERA	by a r body Body the the	19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	20A. AUTOPSY? (Yestor No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exect locotion)
	by the spital by ure; (2) where (3) No ph	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	office bldg., INJURY OCCUR? LANS HOPKING HOSPILET. 211. HOW DID INJURY OCCUR?
	he hos ny nat axcept and (6	OF INJURY (APPROX.) 7-30-6) While At Work At Work 22. 1 certify that W (this haspital) attended the deceased fram	warm a 1.0. o emigette
	vased to tale apply assets of a cospital (edeath);	and haur and fram the causes stated abave. (I) (We) (did) (did not	
	E o C o E	Hus H. / par Mis.	Attending Med. Stoff Phys. 238. DATE SIGNED 7/30/67
	certificate body was r s: (1) An ac sed prior ten approv	NAME (Type) DENIS H. TYRAS M. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	o. JOHNS HOPKINS HOSPITM BALTO, MI
	the body shows: (1) was D.O. deceased written g	Burial 8/3/67 St. Francis Xa	vier Cometery Compton, St. Mary , Maryland
	これ 3 つ 3 で	VS 150-REV. 1/1/65	W. Clarke Mattingley Welseke Halley ley

maken Sig Harmond II Si I YES No

a hospital and

67	7566
	.000

BALTIMORE CITY HEALTH DEPARTMENT

7566

M.E. CASE NO.			ATE OF DEATH		
Type or Print	1-0		2. DATE	AND HOUR OF DEATH	025
10000	ht. 1 car	7	4	1111.10.19	62 423 AN
PLACE OF DEATH IN	N BALTIMORE MA	RYLAND	14. USUAL RESIDENCE W	he deceased lived. If i	nstitution: residence before admission)
			A, STATE B. CO	UNTY	
	44		1 217 //	01	2
FULL NAME OF HOSPITAL OR	oddress or location	or institution, give street		nan / K.	
INSTITUTION	obbless of locollon	17	C. CITY OR TOWN	outside city limits, write	RURAL bnd give township)
10			MAIT	2/7/1	1201
X as			D. STREET ADDRESS	(If rurol, give location)	
Man	-/	. 11.0	D. STREET ADDRESS	e /	D \
MARYLA	NU BEN	V. HOSP	7/4/	(/ UMPA)	W. 12
. SEX 6. RA	CE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Hader 1 Vs. If Deder 24 Her
0. KA	,)	WIDOWED, DIVORCED (specify)	o. DATE OF BIRTH	lost bightday)	Months Doys Hours Min.
1	111		11/06/57	17	
A HISHAL OCCUPATI	ON Give kind of work	108. KIND OF BUSINESS OR INDUST	DV 11 FIRTURE CE (State on the		12. CITIZEN OF
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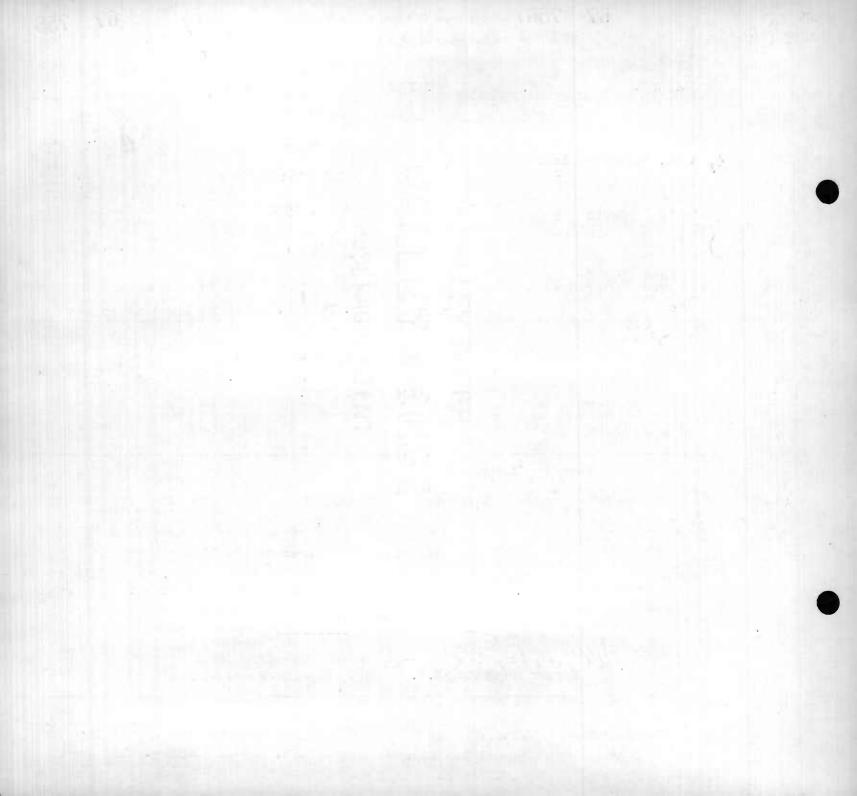
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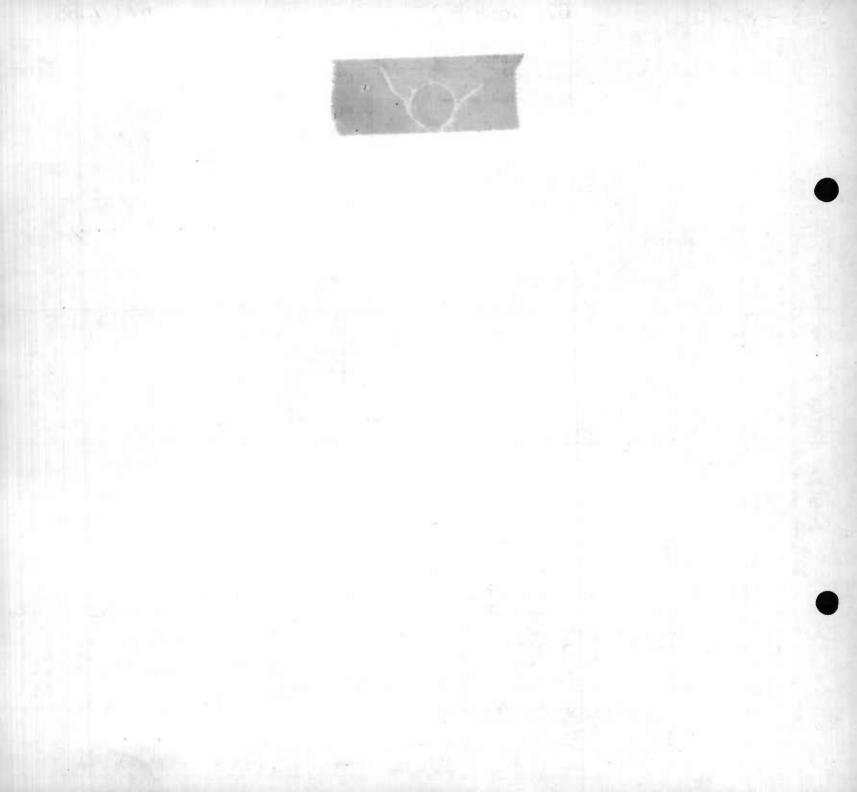
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BH, eye no from the state of the most boot state to 76 (2) ?

67. 7567 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Regis

	C/12 E/	MMIINER 3 CI			LATIN	
M.E. CASE NO. 1. NAME OF DECEASED				2 DATE AND	HOUR PRONOUNC	ED DEAD
(Type or Print) CLARENCE	2. DATE AND HOUR PRONOUNCED DEAD					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				DENCE (Where d	ast 5, 1967 eccesed lived. If inst B. col	litution: residence before admission)
FULL NAME OF HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET	C. CITY OF TO	WN (II outside	corpozote limits, write	e RURAL and give township)
In St. Agnes Hospital			Baltin	nore	give locotion)	53-00
70			122 1	Vinters I	Lane	
5. SEX 6. RACE Male Negro	7. MARRIED, WIDOWED, I	NEVER MARRIED DIVORCED(specify)	Sept 28,	Н	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION Give kind of work done during most of working life, even it retired) Laborer		BUSINESS OR INDUSTRY		(State or foreign		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S A	AIDEN NAME		0.00
John Evan Gaithe				aret Joh	nson	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give wor or dote		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
No		217-34-4662	Mr. Joh	n E. Gai	ther 122	Winters Ave
ONSET AND DEATH (This does not meen the mode of dying e.g., head foliuse, ostherio, etc. I means the discose, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). (C). (C). (C). (C). (A) Massive internal bleeding DUE TO gunshot wound of chest involving the right lung. ANTECEDENT CAUSES DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). (C). (C). (C). (C). (C). (C). (D) THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISASE OR CONDITION CAUSING IT. (D) A DATE OF OPERATION PROCEDURE WAS PERFORMED VESSURE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH. (E) DISEASE OR CONDITION CAUSING IT. (C). (C). (C). (D) THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C). (C). (C). (D) THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (E) DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C). (E) DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OF TOOL TO THE DISEASE OR CONDITION CAUSING IT. (C). (C). (E) DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OF TOOL TO THE DISEASE OR CONDITION CAUSING IT. (C). (C). (D) THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. (C). (E) DISEASE OR CONDITION CONTRIBUTION TO THE DISEASE OR CONTRIBUTION TO THE DEATH TO THE DISEASE OR CONTRIBUTION TO THE					NDINGS CONSIDERED SES OF DEATH? We exact location) S Lane	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) 23A. BURIAL CREMATION, REMOVAL (Specily) Burial 24A. Date Rec'd by Health Dept.	Ser U. Sp	Suicide	CHIEF A ASSISTANT A ASSOCIATE I CREMATORY Ceme terry	ide X Ur EDICAL EXA EDICAL EXA AEDICAL EXA	AMINER X	
VS 151-REV. 1/1/65 / > 2	Plobal	5 E. tarberna	Herbe	ct E. Nu	tter 3035	W. North Ave





BIRTH NO.	67	7500	ATE OF DEATH	Registered Na.	67 7569
M.E. CASE NO. 1, NAME OF DEC (Type or Print)	DAISE DAISE	EY I. DUNEAN	2. DATE AND	OUR OF DEATH	
FULL NAME O	ATH IN BALTIMORE, MA	RYLAND or institution, give street	A. STATE B. COUNTY	Radbook Be	altimore
HOSPITAL OR INSTITUTION	5107 Wesley Baltim	Are. Md,	C. CITY OR TOWN (If outside Nicholana) Ba	ltimore, give location)	RURAL and give township)
5. SEX Female	white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	10/22/1876	GE (In years birthdoy)	II Under 1 Yr. II Under 24 Hr Months Doys Hours Min.
Housew	working life, even if retired)	kind of Business or Indust	Maryland 14. MOTHER'S MAIDEN NAME	country)	12. CITIZEN OF WHAT COUNTRY?
C. Jam	es Howeth		Emma (ovington		
5. Was Deceased	Ever in U. S. Armed Fo	rces? es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Ethel Nolo	5107 l	Vesley Prof.,
18. 5 8	-3 XI		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	SE OR CONDITION DI LEADING TO DEATH	(A) PE	RFORATED GAL	L BLADA	DER 20 HRS
heart failure, injury ar car	nal mean the made at asthenia, etc. II means nplication which caused ANTECEDENT CAUSES	the disease,	RONIE CHOLECY		40 YRS,
rise la lh	OR CONDITIONS, if e abave cause (A) G CONDITION last.				***************************************
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OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner	218. PLACE OF INJURY (e.g. home, lorm, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
0 21 D. TIME	(Month) (Doy) (Year)	While At Not W	21F. HOW DID INJURY	OCCUR?	
OF INJURY		Work At We	ork 🗀		

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Marvin	Goldetein	M.D.	Attending Med. Stoff Phys. Director Phys.	4 AUG. 196

23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS

M.D.

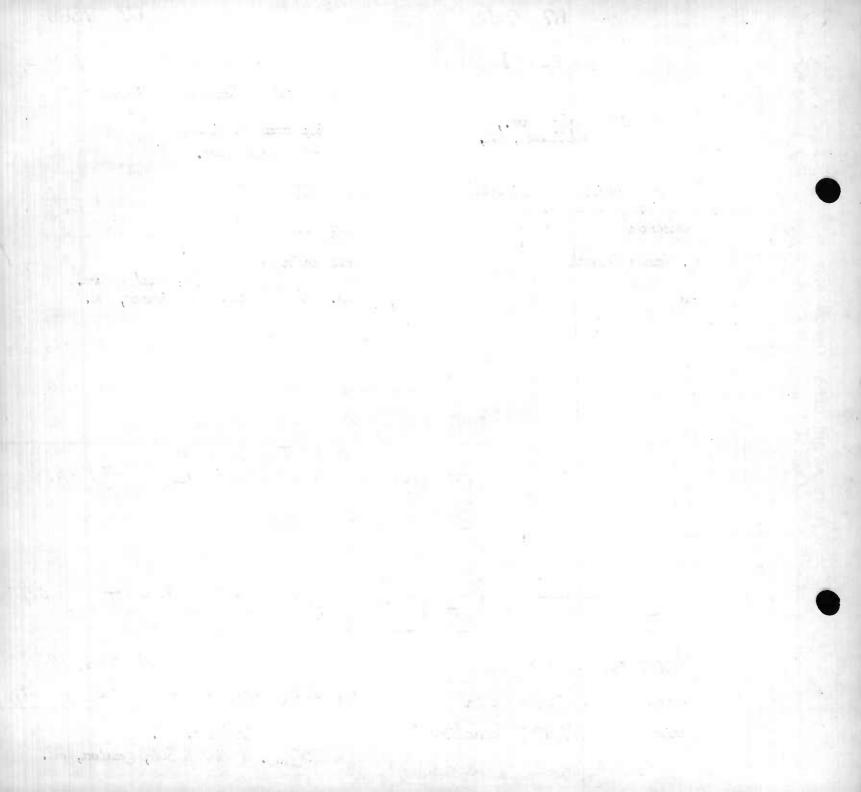
24A. BURIAL CREMATION, 24B. REMOVAL (Specily) 1967 Methodist

Tilghman, Md. 250 NALLYN CEREBIOR NEWNAM & SON, Easton, SML.

VS 150-REV. 1/1/65

AUG 8 1967

DEPT.



C	- 60
MPORTANT	his assistant if death occurred in a hospital and lso, if the direct or contributing cause of death of any kind; (4) Undetermined cause; (5) Deceased unced death was in regular attendance on the tendance on the deceased prior to death. Such and other deceased prior to death.
- ::	ture rono
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such the deceased prior to death.

	67 7570 6	ALTIMORE CITY HEALTH DEPAR	IMENI	67 7570			
100	. 110.	ERTIFICATE OF DE	ATH Registered No.	01 1010			
	CASE NO.		DATE AND HOUR OF DEATH				
	or Print) CURRY MURTE		Cuson 6. 196	7 13:30 P.M			
3. P	ACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESID	ENCE (Where deceased lived, If in	stitution: residence before admission)			
	VORTH CHARLES GENE	PA HOSTA STATE					
	JLL NAME OF (If not in hospital or institution, give stre OSPITAL OR address or location)	C. CITY OR TOW	N (If outside city limits, with	PMP A1 and give towership)			
11	Charles Street	241	IMORE	Township.			
1	N. CHARTES JORGEO	D. STREET ADDR					
7	BULLIMORE Md.	519	V. Kenwood	Que			
5. \$	4 11 11 11 11	MARRIED B. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
	WIDOWED, DIYO	CED (specify)	lost birthdoy)	Months Doys Hours Min.			
103	USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINE		Stole or foreign country)	12. CITIZEN OF			
	during most of working lite, even if retired)			WHAT COUNTRY?			
K	tired seamstress Self-	myloyed Ma	ryland	Mal.			
13. 1	ATHER'S NAME	14. MOTHER'S M	AIDEN NAME				
12	im. H. INDLFE						
15.	as Deceased Ever in U. S. Armed Forces? 16. SO			ADDRESS			
1163	no or unknown) (If yes, give wor or dates of service)	URITY NO.	10. 0 15 for	\			
	18. 2011	CAUSE OF DEATH	unique (sister	INTERVAL BETWEEN			
	~ 7 6 A	CAUSE OF DEATH		ONSET AND DEATH			
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(PACTRO !!	ITESTINOL HEMMO	and dark			
	(This does not mean the mode of dying, e.g.,	DUE TO	7 63 7 7 7 7 7 1 76 7 7 7 7 7 7 7 7 7 7 7 7	ED/NOG			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	-T.	V				
	ANTECEDENT CAUSES	(B) /HROME	O CYTOPENTA				
	DUE 10						
	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the (C)						
	UNDERLYING CONDITION lost.		Zelven 9	Orsen MD			
_	II .			641			
ON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			AND			
ATI	DISEASE OR CONDITION CAUSING IT.						
TIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	PERATION 20A. AUTOPSY	IN CERTIFYING CA	USES OF DEATH?			
DC /	PLA ACCIDENT WAS LINDERLYING TO THE BLACE	OF INITION (a.g. in at about 21 C. W/h	ERE DID (II in Bultimor	City sive areat legation)			
AL C	OR CONTRIBUTING CAUSE OF home, form,	OF INJURY (e.g., in or about 21 C. WH factory, street, office bldg., INJURY	OCCUR?	e City, give exact location)			
U							
LLI	OF INJURY		W DID INJURY OCCUR?				
8	(APPROX.) While At Work	Not While At Work					
	22 I certify that (I) (this hasnital) attended the dece	0.0	10 67 10	mg. 6 19 67			
	that (1) (we) last saw the deceased alive an						
	and haur and fram the causes stated abave. (1) (We)	did) (did nat) view the bady af	ter death.				
	23A. SIGNATURE A		N-42	23 B. DATE SIGNED			
	al Sysolite	M.D. Attending M.D. Di	ector Phys.	aug. 6, 1967			
	PHYSICIAN'S NAME (Type)	23D. ADDRESS	- :				
177	A. LEWIS KOLOGUN	M.D. 1825	EASTERN B	Ivd. BAILO, Md			
24A	BURIAL CREMATION, 248. DATE 24C. NAME of	CEMETERY OF CREMATORY	24D. LOCATION (C	ity, town, of county) (Stote)			
-9-	REMOVAL (Specify)	DAR	BHITI	ms			
254	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGIS	TRAR 25C, FUNERAL	BIT UTI MORE	ADDRESS			
ZJA		23C, FUNERAL		ME- UDNBELTIR.			
		CASSES PUR VICTORIO	H PUNERAL HO	ME- HINDDELIJIK.			
	50-REV. 1/1/65						

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	בין לין	BALTIMORE CITY	HEALTH DEPARTMENT	10	CD DEDA		
BIRT	RTH NO. 67 7571 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 67 7571						
	LE CASE NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH						
	ype or Print Alberta B. Schlimme 6 August 1967 1728						
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	CENTIMED	4. USUAL RESIDENCE (W	here deceased lived, If in	nstitution: residence before admissi		
C	CERTIFICATE AMENDED A. STATE B. COUNTY						
11	FOLL NAME OF (If not in haspital at institution, give street of 15/67 address or location) INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore ZZ Maryland D. STREET ADDRESS (If rurol, give location) 109 Dundalk Avenue 53-0				
15							
5. S	EX 6. RACE 7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 I Manths: Days Hours Min		
F		Married (specify)	AUG-19-189	3 73	retailins Days Hoots retail		
IOA.	USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar fo	areign country)	12. CITIZEN OF		
done	during most of working life, even if retired)		R.H.	Maryland	WHAT COUNTRY?		
12 (HOUSEWITE FATHERS NAME		MANTHERS MAIDEN N	mary land	United States		
			14. MOTHER'S MAIDEN NAME				
	Kichard Bradyhou	se	Anna M	Volte			
5. V	Vas Deceased Ever in U. S. Armed Forces? ,no or unknown! (If yes, give wor ar dates of ser	16. SOCIAL	17. INFORMANT		ADDRESS		
	No	111-40-2987 A	LEROY SCHLIMME 109 DUNDAUX AL				
	1B. 241V	CAUSE O		WAIE 101	INTERVAL BETWEEN		
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	LEADING TO DEATH 1. This does not mean the mode of dying, e.g., DUE TO Pulmonary embolus						
	hearl failure, asthenia, etc. Il means the disease,						
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	DISEASES OR CONDITIONS, il ony, giving						
	rise to the obove cause IA) stoting	the (c) Ch	vonic abstruct	we arrway	7 years		
	UNDERLYING CONDITION last.	***************************************	disease & bro	nchial asthur			
_	Wiscosof Digital Control						
ON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
ATIO	DISEASE OR CONDITION CAUSING IT.						
TIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
ERT) None		No				
0	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, farm, factory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimare	e City, give exact lacation)		
CAL	DEATH (notify medical examiner)	etc.)					
EDI	21D. TIME (Manth) (Doy) (Year) (Hour)		21F. HOW DID I	NJURY OCCUR?			
8	OF INJURY (APPROX.)	While At Work At Work					
		Work S AT WORK					
	22. I certify that (I) (this hospital) attend						
	that (I) (we) last saw the deceased alive	an	19and	that in (my) (aur) apl	nian death accurred an the		
	and haur and fram the causes stated abo	ve. (1) (We) (did) (did nat) v	iew the bady after deat	h.			
	23A. SIGNATURE				23B. DATE SIGNED		
	John albert Biglier	M.D. Atte	mding Med. Director	Staff Phys.	August 6, 1967		
	23C/PHYSICIAN'S		23D. ADDRESS	, 117 3. C	11/00good 11/11		
1	NAME (Type)				•		
(M.D.					
24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION	ily, lown, ar caunty) (Stat		
13	WRIAL 8/9/67 7	3HUTIMARE NA	TION AL B	PALTI MARE	mi		
25A	. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS		
	AUG 0 1967 17.0	A E FARMA	WILLEXA E	EMERCHI Humi	E-4210 BELAIS		
	150-REV. 1/1/65	July -1 reviverient	VVVIIVIT P	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 7010 10001111		
'S	13U-KE V. 1/1/03						

8/15/67 - Correction form from funeral director.

IMPORTANT

DIRECTOR:

FUNERAL



Type or Print)		ude E. V	Vhalen		3. 5, 1967	
FULL NAME OF HOSPITAL OR	TH IN BALTIMORE, MA F (If not in hospital oddress or location	ar institution, g	uve streel	Md. B. CO	UNTY	If institution: residence before odmi
INSTITUTION			••	Baltim	ore	rite RURAL and give township)
40	Mt. Siani 1 4613 Park	Heights	Ave.		of rurol, give location ark Heights	
Female	6. RACE		NEVER MARRIED , DIVORCED (specify) [arried]	7/4/1883	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Days Hours N
	vorking life, even if retired)		BUSINESS OR INDUSTRI Jursing	Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM		1	maruk	14. MOTHER'S MAIDEN N	IAME	
	Stephen Wha	len		Gerogani	la McNeil	
5. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
no or unknown)	(If yes, give wor ar date	s of service)	215-32-8749	Mrs. M. Sunde	erland, 4807	Park Heights Ave.
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(This daes not heart failure, injury ar cam DISEASES Orise to the UNDERLYING OTHER SIGNIT TO THE DE DISEASE OR (C. 1)	LEADING TO DEATH al mean the made of aslhenia, etc. II means	dying, e.g., the disease, death.) any, giving stating the ONTRIBUTING STED TO THE T. DITION FOR W	(C)	CWFE My or	No) 208. IF YES, WI	
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VS 150-REV. 1/1/65

258 NAME OF

25C FUNERAL DIRECTOR 4611 Park Heights Ave.

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TOTAL CASE DECEASED THE DECEA	67 7	BALTIMORE CITY	HEALTH DEPARTMENT	10	CD 7574
DRAIL AND ONE OF DEATH TYPE RIDGE FREDERICK J. PLACE OF DIATH IN SALTIMORE, MARILAND FULL NAME OF FULL NAME OF	IRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	0/ /3/4
FILL NAME OF ILL SHAPE OF ILL S	Type & PIDGE, FREDERICK		08=0	06-67	5:45 PM
ST. AGNES HOSPITAL CATON & WILKENS AVES. BALTIMORE 21229 O. STEET ADDRESS (III moule, give location) ST. AGNES HOSPITAL CATON & WILKENS AVES. BALTIMORE 21229 O. STEET ADDRESS (III moule, give location) ST. AGNES HOSPITAL O. STEET ADDRESS (III moule, give location) ST. AGNES HOSPITAL O. STEET ADDRESS (III moule, give location) ST. AGNES HOSPITAL O. STEET ADDRESS (III moule, give location) ST. AGNES HOSPITAL O. STEET ADDRESS (III moule, give location) ST. AGNES HOSPITAL O. STEET ADDRESS (III moule, give location) ST. AGNES HOSPITAL O. STEET ADDRESS (III moule, give location) ST. AGNES HOSPITAL O. STEET ADDRESS (III moule, give location) ST. AGNES HOSPITAL O. STEET ADDRESS (III moule, give location) ST. AGNES HOSPITAL O. STEET ADDRESS (III moule, give location) ST. AGNES HOSPITAL O. STEET ADDRESS (III moule, give location) ST. AGNES HOSPITAL O. STEET ADDRESS (III moule, give location) O. AGE In year location O. AGE In year location O. AGE In year location O. AUTOMANY O. AUTOMANY O. AUTOMANY O. STEET ADDRESS (III moule, give location) O. AUTOMANY	FULL NAME OF (If not in hospital or institut	ion, give street	MARYLAND B. COUN	ITY	Balt Co
BALTIMORE, MD. 21229 SARCE ORACE O	ST. AGNES HOSPITAL		BALTIMORE	21229	RURAL ond give township)
MALE WHITE DIVORCED 07-05-93 74 100. USUAL OCCUPATION (Give land of work) 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country) Sheet Metal Worker MARYLAND 3. FATHERS NAME JOHN CARFIELD Ridge 5. West Decessed For in U. S. Armed Forces? 14. MOTHERS MADEN NAME JOHN CARFIELD Ridge 5. West Decessed For in U. S. Armed Forces? 15. Social Maryland Marylan	BALTIMORE, MD. 21229)	935 ELMRIDO	GE AVE.	
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while At work 22. I certify that XI) (this hospital) attended the deceased fram JULY 28. 19.67 to AUGUST 6	U 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	or obdut 21C. WHERE DID	(If in Boltimore	e City, give exoct locotion)
that XI) (we) last saw the deceased alive an AIGUST 6	S OI INSORT	White At Not While		URY OCCUR?	
23A. SIGNATURE 23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS ST. ACNES HOSDITAL CATON S. WILKEN					
23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS ST ACNES HOSPITAL CATON S WILKEN				Staff	23B, DATE SIGNED
CARDLYN I PASS M D	NAME (Type)		23D. ADDRESS	Phys.	TON & WILKENS
4A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, fown, or county)	4A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (Ci	ty, town, or county) (State)
Buria1 8/10/67 Loudon Park Cemetery Baltimore 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS					AODRESS

Marie Marie Marie

TELEFON PAIEL

LEGALTE SERVICE CONTRACTOR OF THE SERVICE OF THE SE

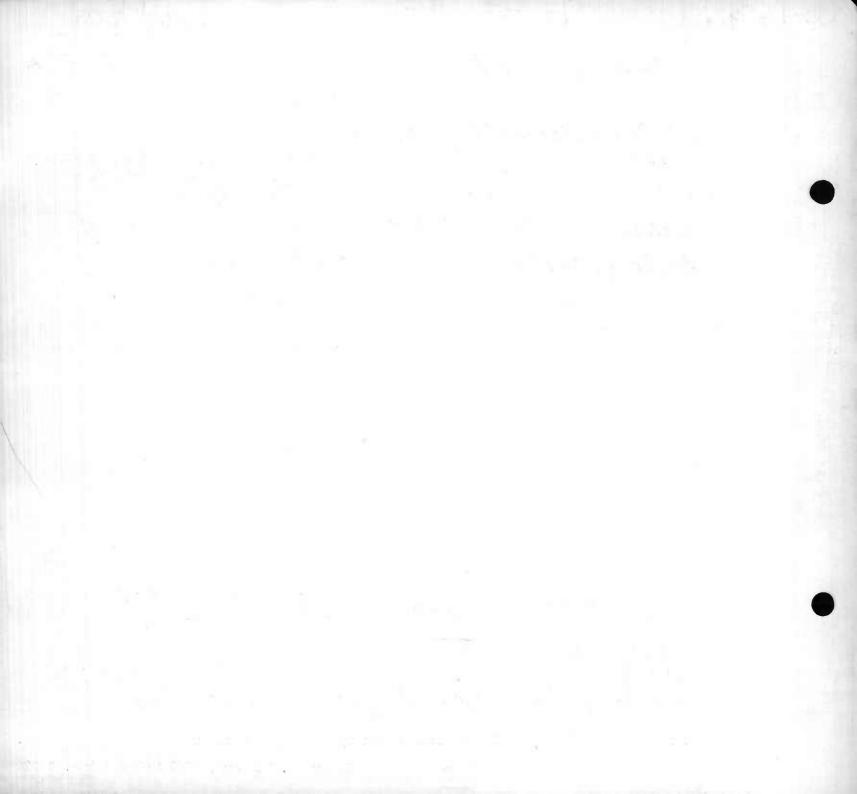
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Andrew State of the Control of the State of

THE PROPERTY OF THE PROPERTY O

FUNERAL DIRECTOR: IMPORTANT

CASE NO. AME OF DECEASED or Print) LACE OF DEATH IN BALTIMORE, MARYLAND LACE OF DEATH IN BALTIMORE, MARYLAND ULL NAME OF Oddress or locotion) WILL NAME OF Oddress or locotion OSPITAL OR Oddress or locotion OSPITAL OR OF CENERAl Hospital ON STITUTION ON THE Charles General Hospital EX OF RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WILL NAME OF INTERPRED BALTIMORE ON STREET ADDRESS (If rurol, give locotion) 3008 Heorgia Que 2/22 In or the location of the specify of of the specific of the specify of the specify of the specify of the specific
2. DATE AND HOUR OF DEATH Webbert Ethel A. LACE OF DEATH IN BALTIMORE, MARYLAND ULL NAME OF OSPITAL OR Oddress or locotion STITUTION Orth Charles General Hospital T. MARRIED, NEVER MARRIED EX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) PARTIE B. COUNTY A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmis 8. COUNTY A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmis 8. COUNTY A. STATE 8. COUNTY A. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmis 8. COUNTY A. STATE B. COUNTY C. CITY OR TOWN (If 6utside city limits, write RURAL ond give township) B. DATE OF BIRTH 9. AGENT years 11 Under 1 Yr. If Under 24 WIDOWED, DIVORCED (specify) WIDOWED, DIVORCED (specify)
ULL NAME OF (If not in hospital or institution, give street oddress or location) OSPITAL OR NAME OF (If not in hospital or institution, give street oddress or location) OF THE Charles General Hospital EX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) OR THE B. COUNTY MAYUANA C. CITY OR TOWN (If butside city limits, write RURAL and give township) Dalt in ore D. STREET ADDRESS (If rurol, give location) 3008 Georgia Que 2128 WIDOWED, DIVORCED (specify) ON ARRIED STREET ADDRESS (If rurol, give location) 3008 Georgia Que 2128 Nonth of the county o
ULL NAME OF (If not in hospital or institution, give street oddress or location) OSPITAL OR NSTITUTION OF THE Charles General Hospital EX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED, DIVORCED (specify) MARVIANA MARVIANA C. CITY OR TOWN (If butside city limits, write RURAL and give township) Dattimore D. STREET ADDRESS (If rural, give location) 3008 Georgia Que 2128 VIDANA 1. J.
ex 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE My years 7/ Months; Doys Hours; Months; Months; Doys Hours; Months; Doys Hours; Months; Months; Months; M
EX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE 1/2 years 7/ Months; Doys Hours; M
WIDOWED, DIVORCED (specify) Wonths Doys Hours M
emale who widowed 11-20-1965 Thurs
USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Are three Department Store Penn a 12. CITIZEN OF WHAT COUNTRY? U.S.A.
Bushona. Thomas Clark. anna
Vas Deceased Ever in U. S. Armed Forces? ADDRESS To or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Chart
18. 2 0 4 51 CAUSE OF DEATH O INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH CLAUTE Complete Conferma
(This does not mean the made of dying, e.g.,
heart failure, asthenia, etc. If means the disease, injury or camplication which caused death.)
DUE TO
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)
UNDERLYING CONDITION last.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.) (If in Boltimore City, give exact locotion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not While At Work
2 21 10 27
22. I certify that (I) (this hospital) attended the deceased from 7 - 24 1962 to 8 196
that (I) (we) lost saw the deceased alive on 8 19 0 and that in(my) (our) opinion death occurred on the
ond haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.
23A. SIGNATURE 23B. DATE SIGNED
Aldreding Med. Stoff 8/7/67
23C. PHYSICIAN'S
NAME (Type)
Schonfeld, laul (attending) M.D. 230/ Unnupolis Koad
BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Ste
DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
AUG 8 1967 Robert E. Farkuma Howard H. Hubbard, 4107 Wilkens Ave. 21.
50-REV. 1/1/65



Loudon Park Cemetery F

248. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR

Baltimore

Howard H. Hubbard, 4107 Wilkens Ave. 21229

Md.

Burial

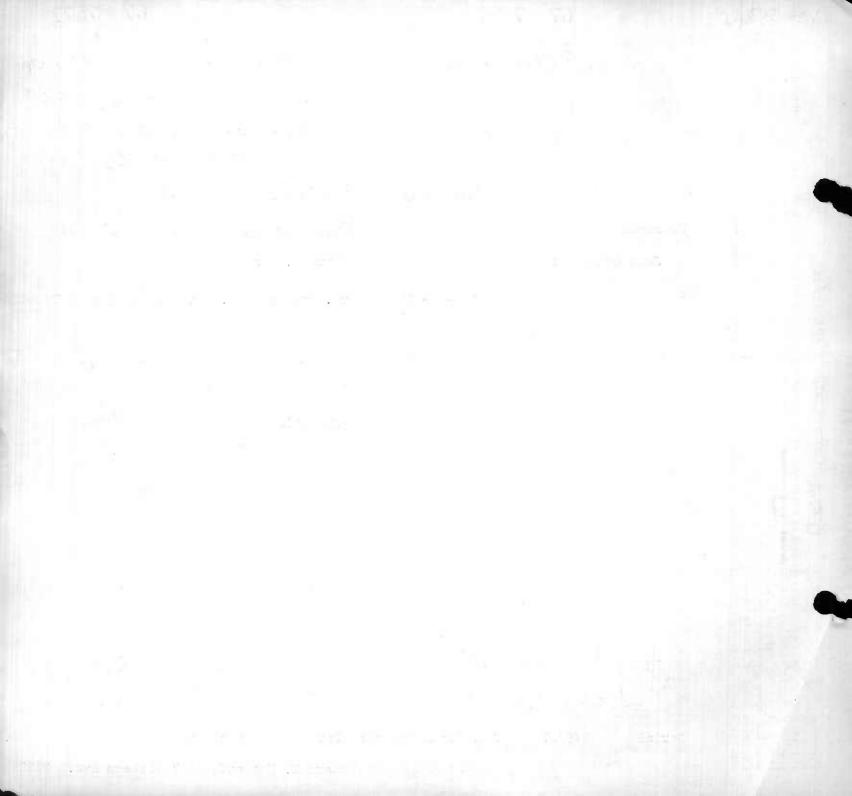
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24A. DATE REC'D BY HEALTH DEPT.

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The state of the s

VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

	e or Print)		ETCHE	R, AR	THUR H.	2. 041	AUG A	1961 20.
F	FULL NAME OF HOSPITAL OR NSTITUTION	oddress	n hospital ar ar location)	institution,	give street	MARYLAND C. CITY OR TOWN BALTIMOR D. STREET ADDRESS	(Whose deglosed lived, If COUNTY (If outside city limits, write) (If rurol, give location)	e AURAL and give town thip)
5. S		6. RACE N.	em Av	MARRIED,	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months; Doys Hours; Mir
	USUAL OCC	UPATION (Give I working life, even			RIED F BUSINESS OR INDUSTRY	12-9-1911 11. BIRTHPLACE (Stote of Baltimore)	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. [FATHER'S NA	LIAM E.	flat	Cher		14. MOTHERS MAIDEN	GASKINS	
	Was Deceased	Ever in U. S	Armed Force	s?	16. SOCIAL SECURITY NO. 216-09-809	17. INFORMANT Mrs. Eth	el Fletcher	ADDRESS 2311 Harlem
	heoil failure, injuly al can	LEADING TO not meen the asthenia, etc. application which ANTECEDENT OR CONDITION	made of of the state of the caused of CAUSES	he disease, deoth.) ny, giving	(B)	treinoma		
NOIL	DISEASES (iise to the UNDERLYING OTHER SIGN TO THE D	nol meon the asthenia, etc. nplication which which which will be considered to the construction of the condition of the condi	made of climeans in the caused of CAUSES DNS, if on use (A) is a larger than the caused of the caus	he disease, death.) ny, giving sloting the ONTRIBUTIN ED TO TH	(B)		To(15	
RTIFICATION	DISEASES (ise to the UNDERLYING OTHER SIGN TO THE D DISEASE OR	nol meen the asthenia, etc. nplication which which will be a constructed by the condition of the condition o	made of cill means it che caused con CAUSES DNS, if on use (A) is not last. Ditions CO NOT RELATE CAUSING IT.	he disease, death.) ny, giving stoling the DATRIBUTINED TO THE	(B)		or No) 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFIC	DISEASES (ise to the UNDERLYING OTHER SIGN TO THE DISEASE OR 19A-DATE OF	nol meen the asthenia, etc. nplication which which will be a constructed by the condition of the condition o	made of color in made of color in means it caused of causes on the caused of causes of causes of causes of causing it.	he disease, death.) ny, giving sloting the NTRIBUTIN ED TO TH	G WHICH OPERATION A PLACE OF INJURY (e.g., in the property of the property).	20 A. AUTOPSY? (Yes	or No) 20B, IF YES, WER	RE FINDINGS CONSIDERED
DICAL CERTIFIC	DISEASES (ise to the UNDERLYING OTHER SIGN TO THE DISEASE OR 19A-DATE OF	nol meen the asthenia, etc. nplication which which which will be a considered to the condition of the condit	made of colling made of colling collin	ny, giving slotling the DNTRIBUTIN FOR DRMED 218 hometc.	G B CC) G G BE WHICH OPERATION C. PLACE OF INJURY (e.g., in the property of the property) A. PLACE OF INJURY (e.g., in the property) C. INJURY OCCURRED A INJURY OCCURRED Not While	20 A. AUTOPSY? (Yes n or obout 21 C. WHERE D ffice bidg., INJURY OCCU	or No) 20B, IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFIC	DISEASES (lise to the UNDERLYING OTHER SIGN TO THE DISEASE OR 19 A. DATE OF OR CONTRIBLE DEATH (notify (APPROX.) 21. 1 certify that (1) (we)	nol meon the asthenia, etc. nplication which asthenia, etc. nplication which asthenia, etc. nplication which asthenia, etc. nplication which asthenia to the a	made of color ma	ny, giving sloling the DNTRIBUTIN ED TO THE STREET	G G E WHICH OPERATION S. PLACE OF INJURY (e.g., ine, lorm, foctory, street, one) INJURY OCCURRED At Work The deceased from 12 - 30 (I) (We) (Id) (Id) (Id) (Id)	20 A. AUTOPSY? (Yes n or obout 21 C. WHERE D ffice bldg., INJURY OCCU 21 F. HOW DIE 21 F. HOW DIE 21 F. HOW deleter	Or No) 20B. IF YES, WER IN CERTIFYING COID (If in Boltim Pr.) 19 (RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFIC	DISEASES (iise to the UNDERLYING OTHER SIGN TO THE DISEASE OR 19 A. DATE OF CONTRIBUTE OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.)	nol meen the asthenia, etc. nplication which asthenia, etc. nplication which asthenia, etc. nplication which asthenia, etc. nplication which asthenia to the a	made of color ma	ny, giving sloting the NTRIBUTIN FOR DRMED (Hour) 21E Who attended to alive an additional control of the contr	G G E WHICH OPERATION A. PLACE OF INJURY (e.g., inc., lorm, foctory, street, only) Inc., lorm, foctory, street, only Inc., lorm, foctory, street, only	20 A. AUTOPSY? (Yes n or obout 21 C. WHERE D fice bidg, INJURY OCCU 21 F. HOW DIE 21 F. HOW DIE 21 F. HOW DIE 21 F. HOW DIE 22 D. ADDRESS 34/4 DE	or No) 208. IF YES, WER IN CERTIFYING COMP. ID (If in Boltim R?) D INJURY OCCUR? 19 4 to	nore City, give exact locotion) 2 - 3 0 19 6

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Line from the first and the fi

7-1253	67 7579 BALTIMORE CITY HEALTH DE	
	BIRTH NO. 61-17618 MEDICAL EXAMINER'S CERT	IFICATE OF DEATH Registered No.
	M.E. CASE NO.	
1-126	1. NAME OF DECEASED (Type or Print) KEVIN JARNIGAN (JERIKEN)	2. DATE AND HOUR PRONOUNCED DEAD
1-000		August 5, 1967 9:30 P. M.
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. C.	UAL RESIDENCE (Where deceosed livad, If institution: residence before odmission) ATE B. COUNTY MARY Land ITY OR TOWN (If outside carporate limits, write RURAL and give township)
	INSTITUTION	oltimore 7-5
2		REET ADDRESS (If rural, give location)
		1150 Argyle Avenue
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DA	TE OF, BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
	Male Negro WIDOWED, DIVORCED (specify)	Anths, Days, Haurs, Min.
		THPLACE Citate or foreign country) 12. CITIZEN OF
	done during most of working life, even if relized) 13. FATHER'S NAME 14. Mi	BALLO, Md. WHAT COUNTRY? OTHER'S MAIDEN NAME WHAT COUNTRY?
	To T	SALLAGE NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INI	CORMANT ADDRESS
	(Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO.	order Newton 1150 Argule
	18. CAUSE OF D	DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH (A) Gunshot	Wound of Neck
	heart failure, asthenia, etc. It means the disease,	
	injury ar camplication which coused death.)	
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	UNDERLYING CONDITION LAST.	
		-
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A	. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED	Yes Yes
	₹ 21A, EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB-	baut 21C. WHERE DID (If in Baltimare City, give exact lacation)
	UNDERLYING OR CONTRIB- DINO CAUSE OF DEATH. bome, form, foctory, street, office betc. Street	Dolphin St. and Argyle Avenue
	21D TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR? Subj. was shot by man
	OF INJURY (APPROX.) 8/5/67 9:25 WHILE AT NOT WHILE AT WORK	
	1 22	x being chased by several youths.
	1 certify that I held an Inquiry Inspection Autopsy	and that on this basis, death in my opInlan
	resulted fram: Natural couses Accident Suicide	Homicide X Undetermined monner
		CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE MICHASSI	STANT MEDICAL EXAMINER X
		CIATE MEDICAL EXAMINER 8/5/67
	NAME (Type)	
	23A. BURIAL CREMATION, 23B. DATE 23C NAME of CEMETERY OF CREA	AATORY 23D. LOCATION (City, tawn, or caunty) (State)
	BURIAL 8-7-61 M7 (A)UA	PRy H.A. Co. Md.
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 2	4C. FUNERAL DIRECTOR ADDRESS
		M 10 10 1
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IVIAPORALIE ILIANI
	VS 151-95V 1/1/45 AUG 8 1967 P. D. A E. Falluma	MORTON + DYETT 1701 LAUREN

CL. H 6/20/60 Balda Hd Call Student Sechool IRVIN MENGER Sandes New You Sandea Newton 1150 Angle Everal 8-9-61 MT Calvary P.A. Co. Mil Morrow - Top 1907 Lawrence

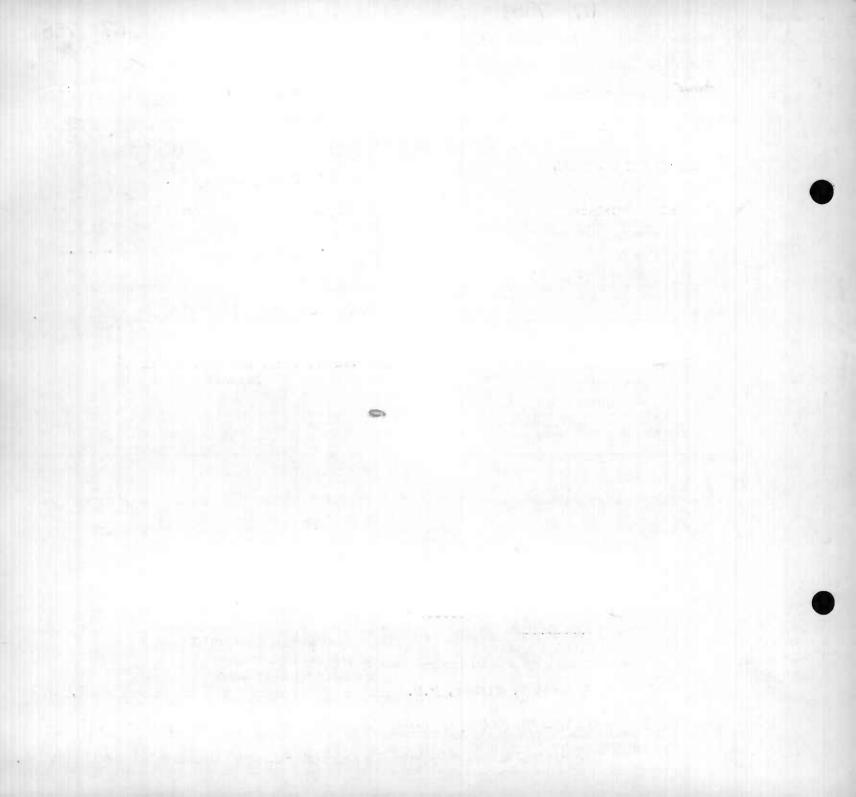
RECORDS: BCH 4940 EASTER N AVENUE BALTO. 21224 and that in (my) (aux) opinion death accurred on the date AUG 8 Kelson Funeral Home 1348 Calhoun St. VS 150-REV. 1/1/65

For Taylor to

67. 7581 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 7581

A.E. CASE NO.									
NAME OF DE Type or Print)					2. DATE AND	HOUR PRONOUNC	ED DEAD		
ANNIE BER	THA JACKSON				August	6, 1967 eccosed lived. If inst		6:2	O p _Λ .
. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOT	INCED DEAD	A. STATE	ENCE (Where de	B. COL	UNTY	ence betale ad	mission)
ULL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	ITION, GIVE STREET	C. CITY OR TOW	land /N (If outside	carparate limits, write	e RURAL on	d 600 3	p)
PROVIDE	INT HOSPITAL			Baltimo:		ive location)			
. SEX	6. RACE	7 44 4 99150	NEVER MARRIED	B. DATE OF BIRTH		vania Ave.	I If Under	1 Yr. If Under	24 H.a
		WIDO WED, I	DIVORCED (specify)	B. DATE OF BIRTH		lost birthdoy		Doys Hours	
Female	Colored	Widow		8-1-00		67			
	UPATION (Give kind of working life, even if retired)	KIOB. KIND OF	BUSINESS OR INDUSTI	IY 11. BIRTHPLACE	Stote or foreign	country)	12. CITIZEI	N OF COUNTRY?	
				Md.			U	S.A.	
3. FATHER'S NA	M E			14. MOTHER'S MA	AIDEN NAME				
	Frank Thoma	as		Julia	a Ann				
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS		-3
es, 110 01 011 KII 0 WI	in yes, give war or don	es of selvice.	JECORITI NO.	Elizabet	th Lee	1820 Pen:	חמזר] זרי	onio A	770
18.	- I		CALLS	E OF DEATH	011 200	1020 1611		INTERVAL BET	
OTHER SIGNOTHER	SE OR CONDITION D LEADING TO DEATH not meen the mode of the course of the course ANTECEDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S NG CONDITION LAST. II SNIFICANT CONDITIONS DEATH BUT NOT R DR CONDITION CAUSING F OPERATION 198, CON WAS PEI AL CAUSE WAS OR CONTRIB- JSE OF DEATH.	deoth.) SS ANY, GIVING TATING THE CONTRIBUTING LATED TO T G IT. NOTION FOR V FORMED 21B. home etc.)	(B)(C)	20A. AUTOPSY: in or obout 21C. W	P (Yes or No) 2:	OB. IF YES, WERE FIN CERTIFYING CAU	INDINGS CC	ATH?	
OF INJURY (APPROX.)				WHILE					
	tify that I held an	Inquiry 🗌	Inspection X A	otapsy and	I that an this	basis, death in r	my apinlon		
resu	Ited fram: Natural co	uses X A	ccident Suici	de Hamicie	de Ur	determined mann	er		
ACTUA SIGNAT EXAMII NAME (TURE NER'S	28/			EDICAL EXA	MINER A		DATE SIG	
3A. BURIAL CRI	MATION, 23B. DATE		C. NAME OF CEMETERY	OI CREMATORY	23 D. LO	CATION (City	, town, or co		tota)
Buria.			Mt. Auburn	Cemetery	Ba Ba	ltimore,	Mary!	land	
	AUG 8 1967		E. Farber, Mi	400		al Home	1348	Calhou	n St
	114								



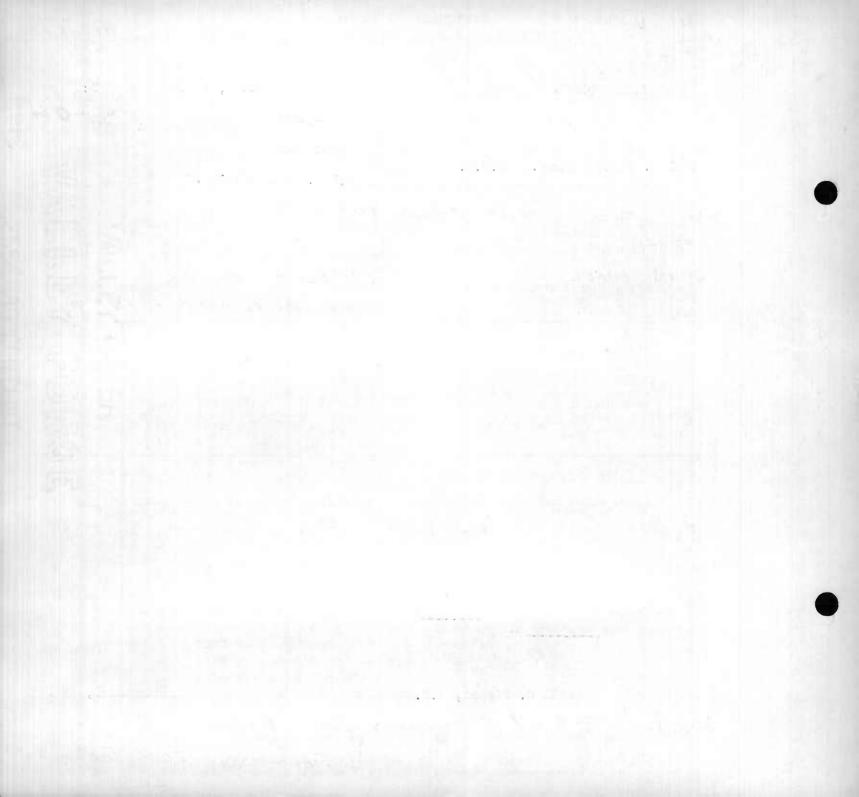
F	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased brior to death); and (6) No physician was in regular attendance on the deceased brior to death). Such	-
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	ing caus	-
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FUNERAL DIRECTOR: IMPORTANT	er or cture crure	halm
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NER	a m tody he pl	the
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	as renace n acc	DAC.
	dy w	200
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written annious must be obtained before the remains are smhalmed or final disnosition is made
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67	7507	Y HEALTH DEPARTMENT	67. 7582
	CERTIFICA	TE OF DEATH Registered No.	
M.E. CASE NO.		2. DATE AND HOUR OF DEATH	
Type or Print)	Gos! Man		1340 A
PLACE OF DEATH IN BALTIMORE MA			
. PLACE OF DEATH IN BALTIMORE, MA	KILAND	4. USUAL RESIDENCE (Where deceosed lived, If instit	ution: residence before odmi:
		md.	
FULL NAME OF (If not in hospitot oddress or location	or institution, give street		
INSTITUTION			(AL one give fewering)
		Bultimore	0
University of M	largland Hospital	D. STREET ADDRESS (If rurol, give tocotion)	st: .
C.11001-119	0	900 W. Lexino	HI tel A not
SEX 6. RACE	7. MARRIED, NEVER MARRIED		Under 1 Yr. If Under 2
	WIDOWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours
= N	w.	2/25/98 69	
OA. USUAL OCCUPATION (Give kind of wor	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of working life, even if retired)			WHAT COUNTRY?
Housewife		Camilla ba.	U.S. of A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
1.) -1 - (5:11:	m Watson	0 10 -	
westey, willia	m walson	15 erth 14se	
. Was Deceased Ever in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMANT	ADDRESS
res, no or unknown) (If yes, give wor or dot		chart of Rospital	
No	215-32-5373	Chari of Koelistan	
18.	CAUSE C	DF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DI	RECTLY	0.5	ONSET AND DEATH
LEADING TO DEATH	M	etastatic corrinoma, diffuse	8 M.
(This does not mean the mode of	dying, e.g., DUE TO	حاسانات حاسات	
heart failure, asthenia, etc. It means	s the disease,		
injury or camplication which caused	deoth.)	ir hous carcinoma @	~
ANTECEDENT CAUSES	(B) 3C	TAL NOWE CONCUMENTS	5 yus
DISEASES OR CONDITIONS, if		breast	9
rise to the obove couse (A)			
UNDERLYING CONDITION fast.	(0)		
1.5			
Z OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS (
DISEASE OR CONDITION CAUSING	IT.		
19A. DATE OF OPERATION 19B. CON	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN	DINGS CONSIDERED
IQUA WAS PER	(B) alme	NO DO	LJ OF DEATH:
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	in or about 21 C. WHERE DID (If in Baltimore C	ity, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	office bldg., INJURY OCCUR?	
DEATH (notify medical examiner)	etc.)	O	
Q 21D. TIME (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
2 OF INJURI	While At Not While	le 🗆	
(APPROX)	Work At Work		
22. I certify that (I) (this hospita	il) ottended the deceased from	March 1962 to Au	7 4 19 6
that (I) (we) lost sow the decease	ed olive on Tagus	3 19 67 ond that in (my) (our) opinion	on death accurred on the
and hour and from the couses sta	sted obove. (1) (We) (did) (did not)	view the body ofter death.	
23A. SIGNATURE			3B, DATE SIGNED
	0 /		/ /
Hereld 8	Berker M.D. Att	ending Med. Stoff Phys.	8/4/67
23C.PHYSLETAN'S		23D. ADDRESS	4/ /
NAME (Type)		' /	1 2100010
	M.D.	University of Marylana	1805/1100
4A. BURIAL CREMATION, 248. DATE	24C. NAME 61 CEMETERY OF CR	EMATORY 240. LOCATION (City,	own or county) (St
PREMOVAL (Specify)	10 111 7,011	dial II. V. T.	11/1
Junal 8/8/19	1.10 115012.11111 7112	MINIMI MILICIALIS ()	1111
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SA. DATE REC'D BY HEALTH DEFT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS /
AUG 1967	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS /
AUG 1967	258. NAME OF REGISTRAR PLOLENT E, STONDENMAN	25c. FUNERAL DIRECTOR	3198 School

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 7583

LE CASE NO.	MILL	ICAL LA	AMIIAEK 5 CI	EKTITICATE	OI DEAT	Thought stored the	
NAME OF DECE	ASED C			2. 0	ATE AND HOUR	PRONOUNCED DEA	AD
	RMAN MIKEL				August 6,	1967	5:30 p M.
	MORE, MARYLAND, V	VHERE PRONOI	JN CED DEAD	4. USUAL RESIDENC	E (Where deceosed	lived. Il institution: B. COUNTY	residence before admission
ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU ATION)	JTION, GIVE STREET	c. city or town		limits, write RURA	L and give township)
0				Baltimo		- 1	
1832 E.	Fairmont Av	re. D.	O.A.	D. STREET ADDRESS	11.		
SEX 6	. RACE		NEVER MARRIED	B. DATE OF BIRTH	airmont Av	E (In years II U	nder 1 Yr. If Under 24 Hrs.
ra 1 a	T71-14-		MARRIED	FEB. 12.	1930	rthdoy) Mont	ths Doys Hours Min.
		rk TOB. KIND O	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CI	ITIZEN OF
BARTEN		TAV	ERN	MD	•		U.S.A.
FATHER'S NAME				14. MOTHER'S MAIDI			
JOHN	MIKEL		1/ 50 5141	STELL	A NO	VAK	DECE
	EVER IN U.S. ARME If yes, give wor or do		16. SO CIAL SECURITY NO.	17. INFORMANT	01451		FAIRMOUNT
No				DANIEL P	NIKEL	1032 2.	21231
	I OR CONDITION D LEADING TO DEAT						ONSET AND DEATH
(This does no heart failure, o	t mean the made o	dying, e.g.,	(A) Cir	rhosis of t	ne liver		
injury or comp	plication which coused	deoth.)					
	TECEDENT CAUS		(B)				
RISE TO THE	R CONDITIONS, IF ABOVE CAUSE (A)	STATING THE	DUE TO				
	G CONDITION LAST		(C)				
OTHER SIGNI	II						
DISEASE OR	FICANT CONDITIONS DEATH BUT NOT R CONDITION CAUSIN	ELATED TO 1					
400	OPERATION 198, CO	NDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Ye		ES, WERE FINDING	
S C EVERNIAL				NO			
UNDERLYING CAUSI	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., , form, factory, street, o	office bldg., INJURY OC	CUR?	nore City, give exo	of locotion)
21 D TIME	(Month) (Doy) (Ye	or) (Hour) 2	TE. INJURY OCCURRED	21 F. HOW	DID INJURY OCCU	JR?	
(APPROX.)		m. \	WHILE AT NOT	WHILE			
22.	fy that I held an				at on this bosis,	death in my opin	nion
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		71-/	1	CHIEF MEDI	CAL EXAMINER	XX	DATE CICNED
ACTUAL SIGNATU	RE //	Mu	M.D.				DATE SIGNED
EXAMINE	R'S			ASSOCIATE MEDI	CAL EXAMINE	2	
NAME (T	RII S S S S	1 S. Fis	her M.D.	CREMATORY	23D. LOCATION	(City, town,	or county) (Stote)
EMOVAL (Specify)		-17			0	^	24
BURIAL	8-9	6/	ST. STANISLAY		BALTIN	iore,	ADDRESS
4A. DATE REC'D B		D R	Tankey MA	24C. FUNERAL I		7-4-	Eastern A
AU	G8 1967 (were a	, 4000	W.FIAL	KOWSKI	2001	casiem m



FUNERAL DIRECTOR: IMPORTANT

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M.F.	1 NO. 67	7584		CERTIFICA	ATE OF DE	EATH	Registered Na.	01.	7001
1. NA	ME OF DECEA	MAUERHAN,	EDWAR	ARTHUR			UST 6 , 19		10:20P
	LACE OF DEATH	(If not in hospital		e streel	4. USUAL RESID	B. COUN	re deceased lived. If i	nstitution: resid	Bulk &
SIN		S HOSPPTAL	-		C. CITY OR TOV		, MARYLANI	RURAL ond g	7 53
		WILKENS A RE, MD. 21			5929		YCAKE RD.		
5. SE	ALE 6.	WHITE		EVER MARRIED DIVORCED (specily)	8. DATE OF BIRT		9. AGE (In years lost birthdoy)	If Under 1 Months Do	Yr. If Under 24 bys Hours Mi
loA.	ALL CLE	ATION (Give kind of work king life, even if retired) RK		AL SECURIT			ign country)	12. CITIZEN	Sountry?
	HARLES	F. MAUERHA	γN			ENHAH	DECEASED)		
5. W Yes,	os Deceosed Eveno or unknown) (If	er in U. S. Armed Fore yes, give wor or dote:	ces? s of service)	6. SOCIAL SECURITY NO. 218 07 1	Mrs. Hay	rold No	orris-5929Jo S HOSP. R	hnnye ak ECORDS	CEATON &
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	AN	TECEDENT CAUSES		(B)					
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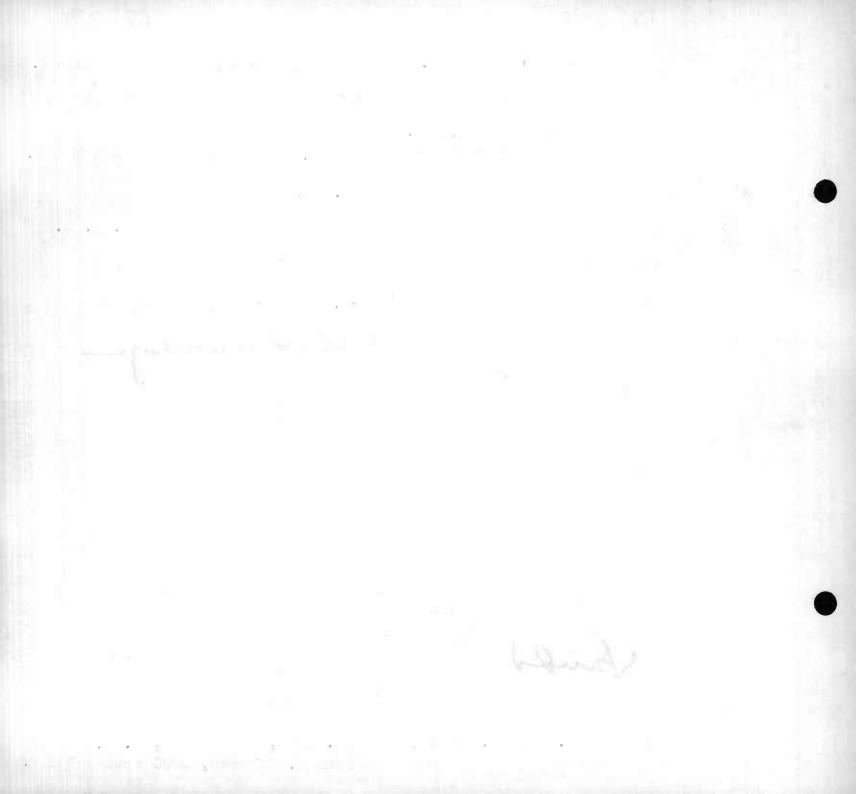
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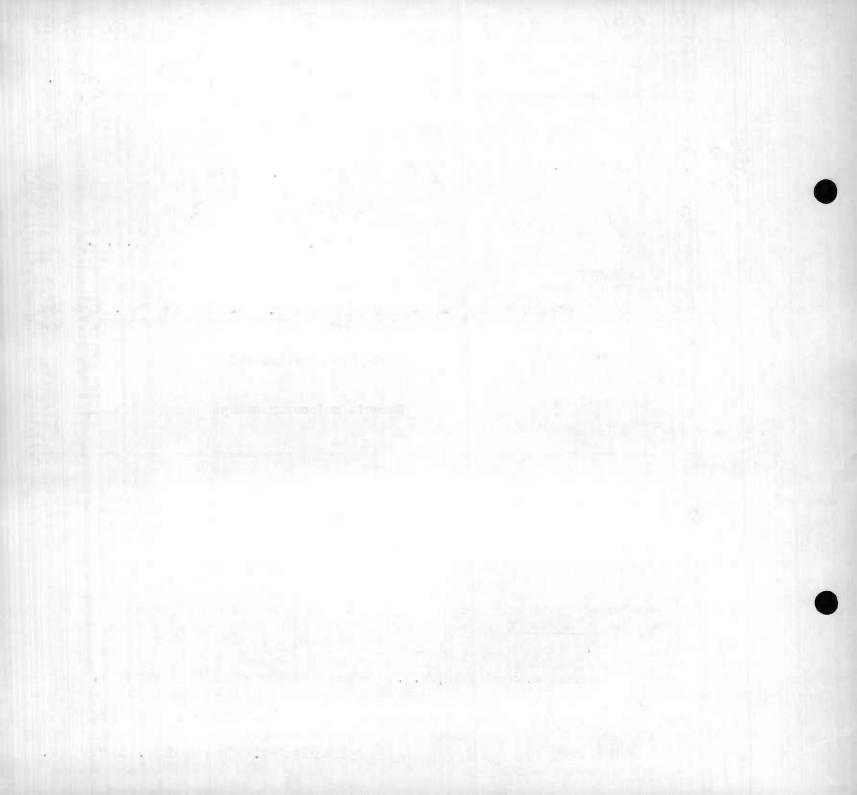
Ellen Bamber

312-45-416

NAME OF DECEASED PLACE OF DEATH IN BALTIMORE, MARTLAND PLACE OF DEATH IN BALTIMORE MARTLAND FULL NAME OF MISTITUTION OF PROVIDENT HOSPITAL OF BALTIMORE, MARTLAND SEX S. RACE P. MARRIED, NEVER MARRIED Maryland C. CITT OR TOWN (if outside city limits, write RURAL ond give township) SEX S. RACE P. MARRIED, NEVER MARRIED Maryland C. CITT OR TOWN (if outside city limits, write RURAL ond give township) SEX S. RACE P. MARRIED, NEVER MARRIED Monowich, Divorcide (specify) Monobis, Doys House Monobis, Doys House Maryland DOYS HOUSEN Maryland C. CITT OR TOWN (if outside city limits, write RURAL ond give township) Baltimore, STREET ADDRESS (if rurol, give location) POWN OF STREET ADDRESS (if rurol, give location) SEX S. RACE P. MARRIED, NEVER MARRIED Maryland C. CITT OR TOWN (if outside city limits, write RURAL ond give township) Baltimore Baltimore, Maryland C. CITT OR TOWN (if outside city limits, write RURAL ond give township) Baltimore Baltimore, Maryland C. CITT OR TOWN (if outside city limits, write RURAL ond give township) Baltimore Baltimore, Maryland C. CITT OR TOWN (if outside city limits, write RURAL ond give township) Baltimore Ba	A.E. CASE NO. NAME OF DECEASED					OH HEAD
NAME OF DECEMBE Ballenger, Nellie M. Prace of Potath in Saturmose Marchano (il not in berjoid or institution, give sheet MATTALOR Baltimore, Maryland 21217 SER C. ACC. Notation of Maryland 21217 Provident Hospital, Inc. Baltimore, Maryland 21217 Provident Hospital, Inc. Baltimore, Maryland 21217 Provident Hospital, Inc. Baltimore, Maryland 21217 Provident Hospital, Inc. Baltimore, Maryland		CE	RTIFICAT	E OF DEATH	Registered No	67 7586
Ballenger, Nellie RACE OF DEATH IN BALTMORE, MARKLAND FLOUID HARD OF MICHAEL COMMINION CONTRIBUTION BORNEL OR COMMINION CONTRIBUTION STULL NAME OF MICHAEL COMMINION CONTRIBUTION BALTIMORE MARKED OF MICHAEL COMMINION CONTRIBUTION STULL NAME OF MICHAEL COMMINION CONTRIBUTION BALTMORE MARKED NEVER MARKED STEET ADDRESS STATE ADDRESS SOUTH CAST ADDRESS SOUTH CAST STATE ADDRESS SOUTH CAST ADDRESS SOUTH C				DATE AN	D HOLLE OF DEATH	
FULL NAME OF MATHEMATICAL STATES AND STATES		rer. Nellie .	3.5			
FULL NAME OF HOSPITAL OR CHOSPITAL CRUSTORY OR CHOSPITAL						
THE MAC OF MATHEMATION OF THE PROPERTY OF THE	PLACE OF DEATH IN BALTIMORE, M	AARYLAND	4.	STATE R. COUN	e deceased lived. If in	stitution: residence before admi
CONTROLOGO AND CONTROLOGO AND			^		"	16-5
Baltimore, Maryland 21217 SEX		ol or institution, give street				
Baltimore, Maryland 21217 State S		lion)	C	. CITY OR TOWN (If out	side city limits, write	RURAL ond give township)
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ADDESS DEATE OF BIRTH NOT 19, 1928 43 NOV. 19	Baltimon	re, Maryland	21217			arrollton Ave
MIDOWED, DIVORCED Lapacity Nov. 19, 1928 Months; Days Hours Married Nov. 19, 1928 Months; Days Hours Married Nov. 19, 1928 Months; Days Hours Married Nov. 19, 1928 Months; Days Months;	/			970 11. 2000.03	Connaganic	ALL OTTOOL IV
Now 19 1928 45 1928	SEX 6. RACE				9. AGE (In years	If Under 1 Yr. , If Under 2
ALUSIAL OCCUPATION (GNs. kind of work) los. KIND OF BUSINESS OR INDUSTRY 1). BIRTHFLACE (Stole or foreign country) DOMOSTIC LATHERS NAME WORDOSTOR WAS DECENSED KAN IN U. S. Amed Forest 1.6. SOCIAL SECURITY NO. 220 24 973 MMS J. Wich Beroks 8. Mother Groonvill BOBEASE OR CONDITION DIRECTLY LEADING TO DEATH U. S. A. CAUSE OF DEATH U. S. A. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH U. S. CAUSE OF DE	70 3		ED (specify)	OT 70 702	Z LZ	Month's Doys Hours
DOME STICE FATHERS NAME WOTCOSTOP BOOKS WAS DESCRIFTED RAME WOTCOSTOP BOOKS BO	remale Negro					
DOMOSTIC NOTICE SOUTH CAPOLINA WOrcostor Books Worcostor Books Worcostor Books Worcostor Books Worcostor Books Viola Young 16. SOCIAL SECURITY NO. 220 24 975 Mrs J. Wiola Books, Nother, Greenvill DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not mean the mode of dying, e.g., both considerable to the doese couse (A) sloing the Undertaked death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving isse to the above couse (A) sloing the Undertaked Condition On State of Death OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CONSTRUCTION TO THE DISEASE OR CONDITION SUBJECT OR CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONSTRUCTION TO THE DISEASE OR CONDITION CAUSES OF DEATH OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSES OF DEATH OF CONTRIBUTING CAUSE OR CONDITION CONSTRUCTION TO THE CONDITION CONDITION FOR WHICH OFERATION NO NO CERTIFITING CAUSES OF DEATH? 272. ACCIDENT WAS UNDERTING CAUSE OF DEATH ON NO CERTIFITING CAUSES OF DEATH? 273. ACCIDENT WAS UNDERTING CAUSE OF DEATH ON NO CERTIFITING CAUSES OF DEATH? 274. ACCIDENT WAS UNDERTING CAUSE OF DEATH ON NO CERTIFITING CAUSES OF DEATH? 275. HINDER (Month) (Day) (Year) (Houst Work of Certifity, six exact location) homes, form, lockey, street, effice bldg, INJURY OCCURE DEATH (Month) (Month) (Day) (Year) (Houst Work of Certifity that (I) (this hospital) attended the deceased form 8-5-67 19 to 8-			OR INDUSTRY 11.	, BIRTHPLACE (State or forei	gn country)	
Later Name Lat		"		South Can	nling	
Wordester Books Wordester Kee in U. S. Amed Faces? \$\$\text{sp.}\$ of anhomomylill yes, give wor' or doles of service} \begin{align*} 16. SOCIAL \$\$\text{sp.}\$ of anhomomylill yes, give wor' or doles of service} \end{align*} 18. 1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follows schemed, set, to schemed, set, it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving size to the above cause (A) stating the UNDERLYING CONDITION lost. 10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 11 OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION SOLUTION (A) STAND FREYOMED TO CONTRIBUTING CAUSING IT. 12 CA. ACCIDENT WAS UNDERLYING TO THE DISEASE OR CONDITION COUSING IT. 13 D. TAME (Maniful Day) (Year) (Hourd Zie, Hace of INJUN (e.g., in or about 2/C., WHERE DID CAUSES OF DEATH) 21 D. TAME (Maniful Day) (Year) (Hourd Zie, Linguisto) (Linguisto)						U. J. M.
No. December (ver in U. S. Armed Force? ### ADDRESS ### ADDRESS ### ADDRESS 16. SOCIAL ### ADDRESS 17. INFORMANT 220 24 973 Mr.B. = Wigle Beieks Mother Greenvil 18. 3	FATHER'S NAME		14.	MOTHER'S MAIDEN NAM	ME	
No. December (ver in U. S. Armed Force? ### ADDRESS ### ADDRESS ### ADDRESS 16. SOCIAL ### ADDRESS 17. INFORMANT 220 24 973 Mr.B. = Wigle Beieks Mother Greenvil 18. 3	Wongeston	Poolea		Wiola V	ning	
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_	- W		BALTIMORE CITY	HEALTH DEPARTMENT	Shin	OF MEGO				
BIRTH NO.	7588		CERTIFICA	TE OF DEATH	Registered Na.	. 67 7588				
M.E. CASE NO.	CASED			D DATE	AND HOUR OF DEATH	4				
(Type or Print)	William	M == ==	A COLUMN	2,0016						
3. PLACE OF DEA	ATH IN BALTIMORE MA		razier	NA LIGHAL RESIDENCE (V	5/67					
	STORY OF STREET	, and an		A. STATE B. CO	UNTY	institution: residence before admission				
FULL NAME O	F (If not in hospital	or institution.	give street	Maryland C. CITY OR TOWN (If outside city limits, write RURAL ond give township)						
HOSPITAL OR	oddress or tocotion	n)								
				Baltimore						
				D. STREET ADDRESS (If rurol, give locotion)						
3400 1	Lynchester 1	Road		3400 Lynchester Road						
• SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years					
м.	C.		D, DIVORCED (specify)	- 1 - 1 - 1	lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.				
		M.	BUSINESS OR INDUSTRY	10/16/98	68					
	working life, even if retired)	IOB. KIND OF	- BOSINESS OK INDOSIKI	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?				
				Maryland	U.S.A.					
FATHERS NAM	ΛE			14. MOTHER'S MAIDEN I						
				Martha						
	liam Frazio									
	Ever in U. S. Armed For It's yes, give wor or dote		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
Yes	WW 1		JEGORIII NO.	Lila Mae Frazier 3400 Lynchester Ro						
1B. L/ LL	41 XI		CAUSE O	FDEATH		INTERVAL BETWEEN				
DISEAS	SE OR CONDITION DIE	PECTLY	n			ONSET AND DEATH				
Bitta	LEADING TO DEATH		\mathcal{H}	RTERINGCLE	notic Usa	OT				
(This daes n	at mean the made of	dying, e.g.,	DUE TO	RTERIOSCHEROFIC HEART						
heart failure,	heort foilure, asthenio, etc. II means the disease,									
1 ' '	ANTECEDENT CAUSES (8) ESSENTIAL LYPERTEN-									
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	OR CONDITIONS, if		9	(017	t.					
	obave cause (A) G CONDITION lost.	stoling The	(C)							
Z OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING	G / F	1 -	•					
TO THE D	EATH BUT NOT RELA	ATED TO TH	E COM	SESTIVE F	AILLIRE.					
DISEASE OR	OPERATION 198. CON			20 A. AUTOPSY? (Yes or		FINDINGS CONSIDERED				
E O	WAS PERI		WHICH OFERATION	-	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?				
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OR CONTRIBI	NT WAS UNDERLYING TING CAUSE OF		PLACE OF INJURY (e.g., it ie, lorm, foctory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR	tt in Boltimo	ore City, give exact location)				
DEATH (notify	medical examiner)	etc.)							
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?					
OF INJURY		Wh	ile At 🖂 Not Whil	e 🖂						
(APPROX)		Wo	rk At Work			1 / 5				
22. I certify	22. I certify that (1) (this hospital) attended the deceased from Tune 1961 to Aucust ? 1967									
that (1) (we)	last sow the decease	ed alive an	August -	19 67 and	that in (my) (aur) an	inian death accurred on the da				
-	that (1) (we) last sow the deceased alive an Harmonian and hour and thou from the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.									
		ted gpove.	(did not) v	lew the body after deal	th.					
23A. SIGNATU	1/2 / /	12.	4.0		238. DATE SIGNED					
The	The Attending M.D. Attending Med. Director Stoff Phys.									
23 C. PHYSICIA		1		23D. ADDRESS		0 . 0				
NAME (T	· · · · · · · · · · · · · · · · · · ·	TALC'S!	/\ M.D.	777 1	Fulto	Rese KIL Mes				
- ILB	20101	MFIEL		1 14.	/ action	July 100				
4A. BURIAL CREA	Specify)		AME of CEMETERY OF CRE	MATORY 24D	LOCATION (C	City, town, or county) (State)				
Burial	8/7/6	57 B	altimore Na	tional F	Baltimore,	Maryland				
SA. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS				
AHC	8 1067 A A	AQ.	Fr. Over MA	Charles A	A. Rice 661	L W. Barre St.				
AUU	0 1301 116	and City	Tracking.		-13					
S 150-REV. 1/1/6	55									

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IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

II Under 24 Hrs.

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BALTIMORE CITY HEALTH DEPARTMENT

BIRT	H NO.	C	MEDÌ	CAL EX	KAMINER'S	CERTI	FICATE	OF DI	EATH Regist	ered NG	7_7590_	
	CASE NO.											
1. NAME OF DECEASED (Type or Print)							2. DATE AND HOUR PRONOUNCED DEAD					
3. P	LACE IN BAL	MA TIMORE, M	RY F. P	ERRY TERE PRONO	UNCED DEAD	A. ST	ATE		3 1967 ceosed lived If in B. CO	stitution: resi UNTY	dence before odmission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION 2119 Parksley Ave.					C. CI	C. CITY OR TOWN (If outside corporate limits, write RURAL and (give township)						
					D. STE	Baltimore D. STR: ADDRESS (If rurol, give locotion) 2119 Parksley Ave.						
WIDO WED,			NEVER MARRIED DIVORCED(specify)		B. DATE OF BIRTH 9. AGE (in y lost birthday) 1/13/81 86			Months Doys Hours Min.				
10A	USUAL OCC	UPATION (G	ive kind of work	108. KIND O	F BUSINESS OR INDUS			e or foreign		12. CITIZ	EN OF	
done during most of working life, even if retired) Housewife Own Home			Home		Maryla	Wille	USA					
13. (ATHER'S NA	ME				14. MO	THER'S MAIDE	EN NAME				
		Wi	lliam G	rammer								
			U.S. ARMED		16. SO CIAL SECURITY NO.	17. INF	17. INFORMANT Perry ADDRESS					
	No	, , , ,		01 00111007		Tho			XX 2119 Pa	rkslev	Ave Balt.Md	
	18. / 7	ZZY			CAU	SE OF DI					INTERVAL BETWEEN	
	DISEA	SE OR CO	NOTION DI	ECTIV							ONSET AND DEATH	
		LEADING	OR CONDITION DIRECTLY LEADING TO DEATH (A) Carcinoma of uterus									
	(This does heart foilure	does not mean the mode of dying, e.g., DUE TO failure, osthenic, etc. It means the discose,										
	injury or co	jury or complication which coused death.)										
		ANTECEDE	NT CAUSES		(P)							
			ITIONS, IF A		DUE TO						***	
			ITION LAST.	V 1112	151							
O					(6)							
ERTIFICATION	TO THE	DEATH B	II CONDITIONS (UT NOT REL ON CAUSING	ATED TO 1								
O		OISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDING CAUSES										
O	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR?									ocotion)		
X	21D TIME OF INJURY (APPROX.)	(Month)	(Doy) (Year)		WHILE AT NO	T WHILE	21 F. HOW	DID INJURY	OCCUR?			
	22,	m. WORK L AT WORK L										
		1 certify that I held on Inquiry Inspection X Autapsy and that on this basis, death in my opinion resulted from: Natural courses X Accident Suicide Hamloide Undetermined monner										
	1000			7								
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED									DATE SIGNED		
	EXAMI		1		M		CIATE MEDI		princes.			
	NAME		Russell	S. Fis	sher, M.D.	71000	•			Augu	st 4. 1967	
	BURIAL CR		23B, DATE		C. NAME OF CEMETER	Y or CREM	ATORY	23 D. LOC	ATION (Cit	y, town, or		
KEN	Buria		8/7/6	7	Loudon	Park			Baltimor	e. Md.		
24A	. DATE REC'E		H DEPT.		OF REGISTRAR		C. FUNERAL C	DIRECTOR 1	217 St. P	aul st	ADDRESS	
		AUG	8 1967	Rober	& E. Farker	44	Wm. Cook	k-Brook	s Inc. Ba	ltimor	e, Md. 21202	

A DESCRIPTION OF REAL PROPERTY.) N = 1 e 0 , 19 1 and a state of the state of t IMPORTANT

DIRECTOR:

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VS 150-REV. 1/1/65

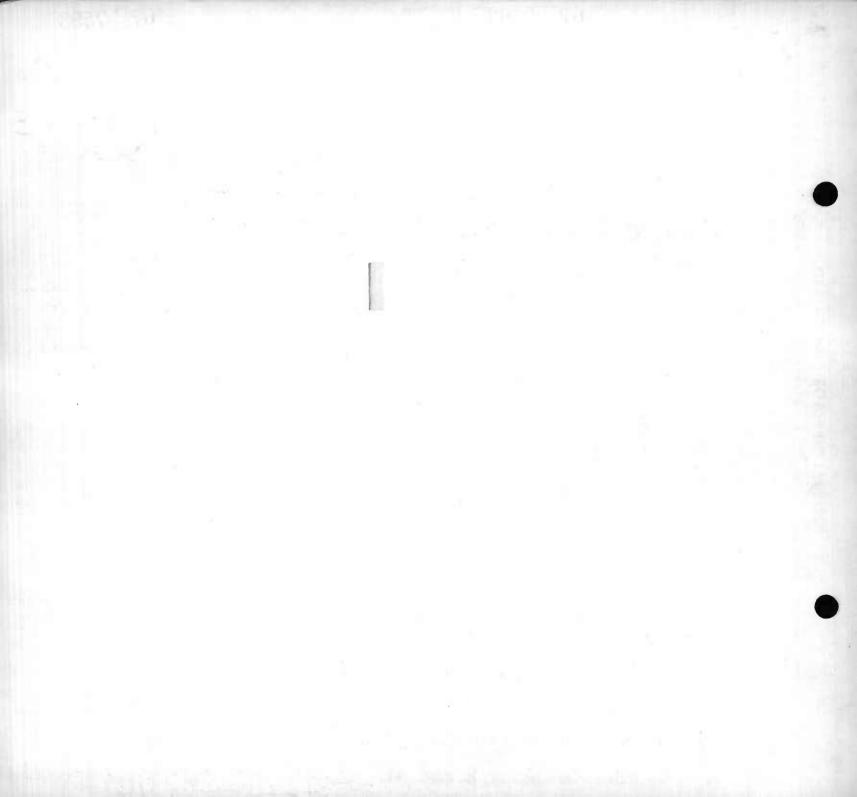
BALTIMORE CITY HEALTH DEPARTMENT

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and I the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such exceased prior to death, and (6) No physician was in regular attendance on the deceased prior to death. Such exceased prior to death was in regular attendance on the deceased prior to death.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and I the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased of was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

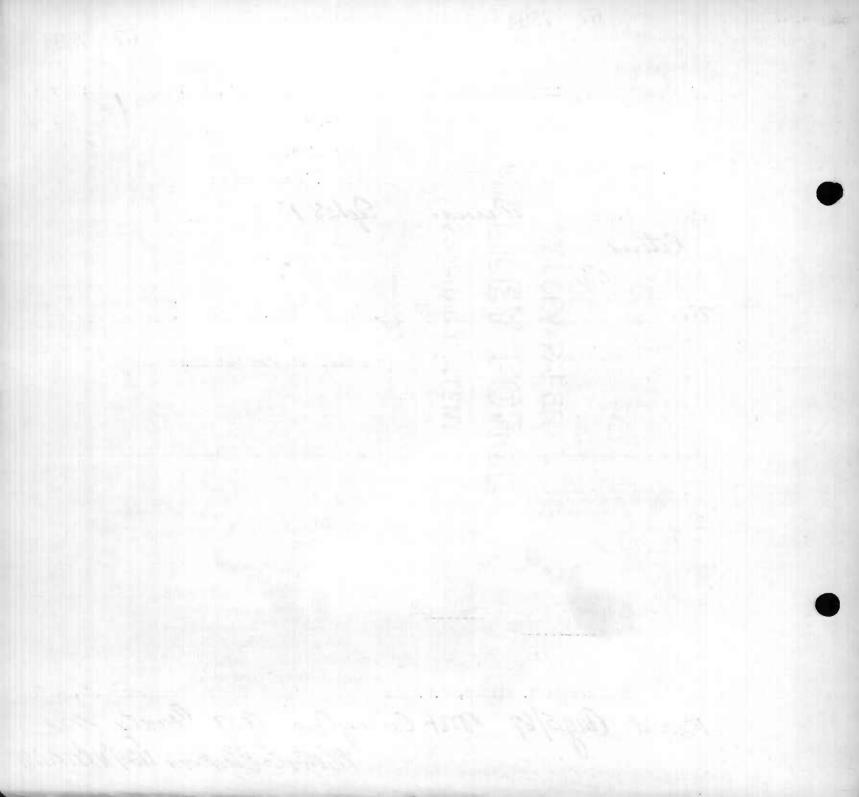
DIKITI 140.	ノトロン	TE OF DEATH	Registered No.	67 7592
M.E. CASE NO. 1, NAME OF DECEASED (Type or Print)	Conner	2, DATE A	NO HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE, MARYLAN FULL NAME OF (If not in hospital or insti	D	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceosed lived. If i	nstitution: residence before odmission
HOSPITAL OR oddress or locotion) INSTITUTION US PHS Hos		Mishawak	utside city limits, write	RURAL and give township)
		15551 E	. 18th	5 r.
m w	ARRIED, NEVER MARRIED DOWED, DIVORCED (specily)	5/9/69/3	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, K done during most of working life, even if retired) Inspector of air of	ane parts	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
John B. Conno.		14. MOTHERS MAIDEN NA Florence		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (II yes, give war or dates of se	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	on ell	ADDRESS
18.	396-05-2493 CAUSE O		· Connor	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	D.	+ 1/2	1	3 weeks
(This does not mean the mode of dying heart failure, asthenio, etc. It means the dinjury or complication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove couse (A) stating UNDERLYING CONDITION lost.	(B) DUE TO	ute Mye heuk	emia	
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IBUTING TO THE			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		20A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 27C. WHERE DID		re City, give exact location)
21D. TIME (Month) (Doy) (Year) (House OF INJURY (APPROX.)		21F. HOW DID IN	JURY OCCUR?	
22. I certify that (I) (this hospital) atte	. / -			Inion death occurred on the da
and hour and from the causes stated ab	,			
23A. SIGNATURE	1			23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	Phy	Med. Director	Stolf Phys.	8/6/67
Henry 5 24A. BURIAL CREMATION, 124B/DATE	Crist M.D.	US. PH3 H	ospital,	Baltimore, md
REMOVAL (Specily) Burial 8/10/67	Chapel Hill Me		. Joseph Co	•, Indiana
		25C. FUNERAL DIRECTO		ADDRESS

CERTIFICATE OF DEATH IN MARKET OF DECEMBER If you or Print S. PLACE OF DEATH IN BALTHYGRE, MARTLAND FULL NAME OF MARTLAND FULL NAME OF MARTLAND FULL NAME OF MARTLAND If If not in baspired or institution, give sheel double of deless or location institution, give location institution give location institution, give additional institution in	ASE CASE NO. INFAME OF DEEASED IType or Princh IType o	23	b/ /543	REALTH DEPARTMENT Registered No. 67, 7593
S. PLACE OF DEATH IN SATURAGE MARKEAND 1. USUAL RESIDENCE Window diseased lived. If institution: residence before admiss a location of disease of location of control of the series of colonial institution of control of the series of colonial institution of colonial i	D. PLACE OF DEATH IN NATIONAL MARTIANS 2. PLACE OF DEATH IN NATIONAL MARTIANS THE NAME OF THE STATE OF PRINTING CONSTRUCTION OF THE STATE OF PRINTING CONSTRUCTION OF THE STATE OF PRINTING CONSTRUCTION OF THE STATE OF THE STA	M M	A.E. CASE NO.	E OF DEATH Registered No.
FULL NAME OF HOSPITAL OR detess or locolon) ATTEMPT HOSPITAL OR DESIGN (I) miles, with RURAL ondered township) ATTEMPT HOSPITAL OR TOWN HI outside city limits, with RURAL ondered township) B. STEER TABLESS (II) may give locely on) 2 46	FULL NAME OF HODITAL CR Ill mat in hospital or institution, give sheet of HODITAL CR Ill mat in hospital or institution, give sheet of HODITAL CR Ill mat in hospital or institution, give sheet of HODITAL CR Ill material control of the control of	1. (T	Type of Print) Willie Bryant	8/6/67 3:08
INSTITUTION Lipudh Musery Home: D. STREET ADDESS If your location of the Name of Market Department of the Name of Nam	NSTITUTION In the content of the	3.	FULL NAME OF (If not in hospital or institution, give sheet	L. USUAL RESIDENCE (Where deceased lived. If institution: residence before admiss A. STATE B. COUNTY May land
13. FATHER NAME 13. Security 13. Security 13. Security 14. Model of the poor of	S. SEK O. BACE 7. MARBIED, NEVER MARBIED WIDOWID, DIVORCESS (specify) A. USAAL OCCUPATION (Sive kind of work) O. USAAL OCCUPATION O. OCCU	C		
Months Days Hours Minded Months Days Hours Months Days Da	Months Doys Hours Months Months Doys Months	1	Finish musing	- 4./ 4 / 1 / 1/ // //
18. FATHER NAME 14. MOMER'S MAIDEN NAME 15. WOR Deceased Ever in U. S. Armed Forces? (17.5, no brunknown) (III yes, give war or dotes of stryice) 16. SOCIAL NO. 17. GORMANT ADDRESS R. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEAT	Second S		M Negro Married (specify)	11/13/24 lost birthdoy 42 Months Doy's Hours Mir
15. Was Deceased Ever in U. S. Amad Forces? (Yes, no by unknown) (Iff yes, give wor at dates of stryice) 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, astheria, etc., it means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION (ast.) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (AUSING IT.) 19. A. DATE OF OPERATION 1986. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSEN OF DEATH? 218. PLACE OF INJURY (e.g., in or about 27c. WHERE DID (If in Boltimore City, give exact location) or CONTRIBUTING CAUSES OF DEATH? 219. THE MORNING CAUSE OF DEATH? ANDRESS DR. CAUSE OF CAUSE OF DEATH? ANDRESS DR. CAUSE OF CAUSE OF DEATH? (A) BUENCHO GRAND CAUSE OF DEATH. (A) BUENCHO GAUSE OF DEATH ON THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (B) DUE TO (C) CONTRIBUTING CAUSE OF DEATH? (B) DUE TO (C) CONTRIBUTING CAUSE OF DEATH? (A) BUENCHO GAUSE OF DEATH? (B) DUE TO (C) CONTRIBUTING CAUSE OF DEATH? (B) DUE TO (C) CONTRIBUTION COURTED (C) COURTED (C) CONTRIBUTION COURTED (C) COUR	15. Wig December First in U. 2. Armed Forces? 16. SOCIAL 17. BOORMANT 24. ADRESS DR		during most of vorking life, even if priced)	WHAT COUNTRY?
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1 67 7594 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NG7, 7594

M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
EDUADD DICE	August 2, 1967 10:30 a M.
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RUBAL and give township)
	Baltimore
410 E. Chase Street	D. STREET ADDRESS (If rurol, give locotion)
410 H. OHAGE BELEGE	410 E. Chase Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.
Male Colored Wilderer	Xp128 1001 77
done during most of storking life, even if retired)	11. ARTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
blan MP	6.#?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL	17. INFORMANT ADDRESS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or doles of service) SECURITY NO.	TO A COLOR
ns.	Mallo Smith 4107/ han 17
lis. CAUSE	OF DEATH INTERVAL BETWEEN
CAOSE	ONSET AND DEATH
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LEADING TO DEATH	Cerebral vascular Arteriosclerosis
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
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22. I certify that I held an Inquiry Inspection XX Aut	apsy and that an this bosis, death in my opinian
resulted from: Notural causes XX Accident Suicide	
04/1	CHIEF MEDICAL EXAMINER X DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE / 23C. NAME of CEMETERY o	
REMOVAL (Specify) Rua 5/67 mh Cak	rain Can a. a. Chente me
24A. DATE REC'D BY HEALTH DEPT. 24E NAME OF REGISTRAR	24Z. FUNERAL DIRECTOR ADDRESS
Golden E. tarleyma	Million Ellekan 1129 D. Certinis
VS 151-REV. 1/1/65	Vice the second

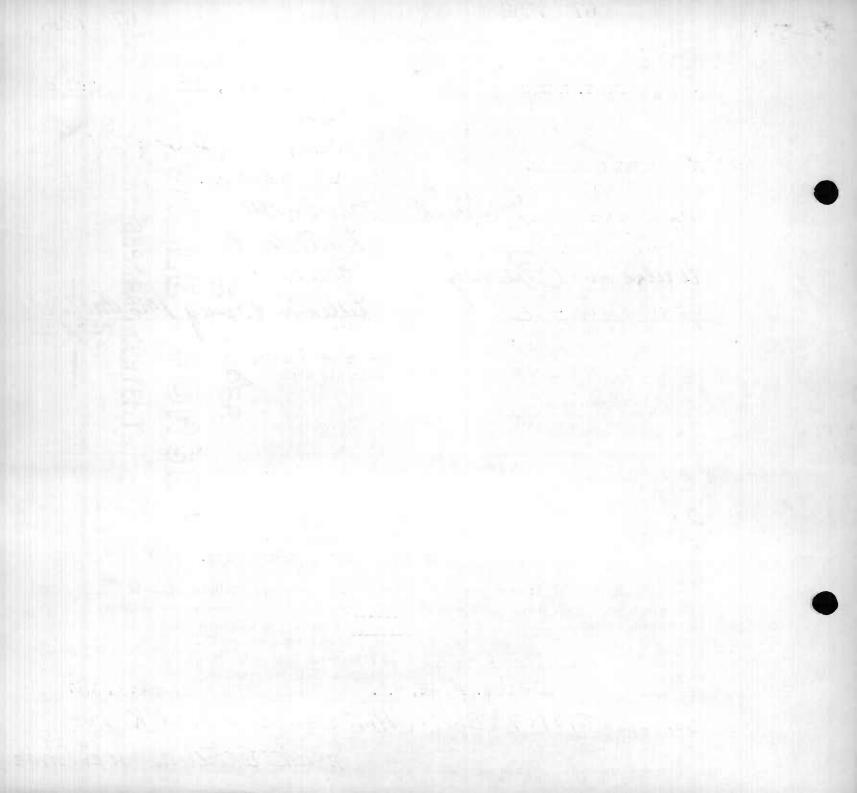


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	spirite of De of D	
	a ho aus e; (5 ndai	
	in or i	
	ar ar de.	-
5	ccur mtrib min egul sed	ı
	Also, if the direct or contributing of any kind; (4) Undetermined counced death was in regular attendance on the deceased primed or final disposition is made.	
	dea Und as i	
=	irec irec (4) h w h th lisp	
IAN	stan ind; leat leat al c	
ORI	assi if th my k ad d dang	
MP	his of a or a unce tende	
-	ono alm	
OR	rine iract propre	
FUNERAL DIRECTOR: IMPORTANT	xam xam y A f wh reg	
DIR	cal cal all e. s.; (3 inn ins	
AL	adice ourn ysic war	
ER	dy k	
S	ch by ch by th hys	
-	tall tall e; (2 here No p	
	ospi ospi ntur (6) M	
	xce xce ind btai	
	app to the	
	sed to sent control spitce eatt	
	reidea hos to d	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
	y w (1) A O.A.	
	ws: D.C ease	
	This the showas was decomed	

	O=	101-0		TY HEALTH DEPARTMENT	4	57	7505	
BIRTH NO.	67	7595	CERTIFIC	ATE OF DEATH	Registered No.	J1,	7595	
M.E. CASE NO.	CEASED				ND HOUR OF DEATH	_		-
(Type or Print)	WILLIE ALEX	ANDER			-1967		10.30	1
3. PLACE OF D	EATH IN BALTIMORE, MAR	LAND		4. USUAL RESIDENCE (Wh.	ere deceased lived. If insti	tution: resid	dence before odr	mission
FULL NAME	OF (If not in hospital or	institution or	ue sheet		YLAND			in .
HOSPITAL OR		institution, gr	ve sireer	C. CITY OR TOWN (If or	utside city limits, write RU	RAL of g	give townshirt)	
				BALT	IMORE, 5	1=	0	
3 3 101	HNS HOPKINS	HOSPIT	AL		rurol, give locotion)			
				1046 N. BR	OADWAY			
MALE.	6. RACE NEGRO		OWER MARRIED (specify)	8. DATE OF BIRTH 9-2-18	9. AGE (In years 48)	If Under 1 Months D		24 Hrs Min.
		OB. KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or for	eign country)	12. CITIZE		
Jone during most of	of working life, even if retired)	4.11-		Arlust	Ef en.	WHAI	COUNTRY?	
3. FATHER'S NA	mystryete,	MITT	7	14. MOTHER'S MAIDEN NA	IME			
	11.11 11	1	1)					
S Was Daniel	KLLIMM WILL	yan	les	LULA TO	LIVER		222800	
Kes, no or unknov	nd Ever in U. S. Armed Force	of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	16	A A	DDRESS	
1 olld 1	Mart Z			Willie The	ex franch)		
118.00	211		CAUSE	OF DEATH	· ·		TERVAL BETWE	
DISE	ASE OR CONDITION DIRE	CTLY	0	D	0 50	10	2	
(This does	not meen the mode of	lvino eo	(A) A	ecurient IL	W 113	d-	syear	43
heart failure	, osthenio, etc. Il meons t	he diseose,	002.10	- 1	Direose			
injury or co	omplication which caused a ANTECEDENT CAUSES	ieoin./	(B) CV	rome Ohstri	uctive alesan	Wa	my year	تما
DICEACEC			DUE TO		J			
	OR CONDITIONS, if or he obove couse (A)		(C)					
UNDERLYIN	NG CONDITION lost.		***************************************	00 00 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	*** * * * * * * * * * * * * * * * * * *			
7	11						1	
E TO THE	DEATH BUT NOT RELAT	ED TO THE						
DISEASE O	R CONDITION CAUSING IT.		HICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE FIN	IDINGS C	ONSIDERED	
19A. DATE O	WAS PERFO	RMED	THE TERATION	NO	IN CERTIFYING CAUS	ES OF DE	ATH?	
	ENT WAS UNDERLYING	21B. F	LACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID	(If in Boltimore C	City, give o	exoct locotion)	
OR CONTRI	BUTING CAUSE OF fy medical examined	home,	, torm, toctory, street,	office bldg. INJURY OCCUR?				
U		(Hourl 21E, I	INJURY OCCURRED	21 F. HOW DID IN	LILBY OCCUPS			
OF INJURY	ONOMINI (Doyr (1eon	While			JURY OCCUR!			
(APPROX.)		Work	At Wo			1/4	_	
22. I certif	y that (1) (this hospital)	ottended the	degeosed from	7/28/67	19 to 8/4	0/6	19_	
that (1) (we	last sow the deceased	olive on	8/6/61	19 ond t	hat in (my) our aplni	an death	occurred on t	he da
and hour a	nd from the causes state	d obave. (I)	(did not	view the body after death.				
23A. SIGNAT	TURE 1 0	,				3B. DATE	SIGNED	
	John K St	one	M.D. A	hys. Med. Director	Stott Phys.	FILE	elan	
23C. PHYSIC	YAN'S			23D. ADDRESS	111/51/42	0 '	1	-
NAME	OR. JOHN ST	ONE	M.	JOHNS HOPKIN	IS HOSPITAL			
24A. BURIAL CE	REMATION, 248. DATE	24C. NA				town, or	county) /	(Stote)
REMOVAL	(Specity)		A DC	10	LOCATION (City,	1. 0)	310(8)
DU	Teal Ellegiolle	7 /	Jello Nat	Ten.	July 1	RX	_	
25A. OATE REC	AUG 8 1967	58 NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	R-01-1		ADDRESS	0
	1.44	Thousand	, and according	July1	, Elienes	2 1/c	2911. Can	Kus
VS 150-REV. 1/1	/65							

Character Contract Co In be to bataly Lank There W Bridge

67. 7596 BALTIMORE CITY HEA	ALTH DEPARTMENT
	CERTIFICATE OF DEATH Registered No. 7596
M.E. CASE NO.	EKTHICATE OF DEATH
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
EDWARD T RAINEY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	August 4, 1967 2:25 a M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore 9-08
JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give locotion)
	1908 Oakhill Ave.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE C BIRTH 9. AGE (In yeors lost birthdoy) If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Male Colored Work OB. KIND OF BUSINESS OR INDUSTR	MCULAGO 1920 47 RYIII. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if religid)	11. SIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William (Nameur	CHOO!
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (III yes, give wor or dotes of service) (Yes, no or unknown) (III yes, give wor or dotes of service)	17. INFORMANT ADDRESS
VES WWHZ	Lillian Jainey 1908 Walkhillan
16. = 9 7 7 X 1 CAUS	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO	ite ersangiunation
heart failure, asthenia, etc. It means the disease.	multiple stab wounds
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
II II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	YES YES
₹ 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., O UNDERLYING OR CONTRIB-	, in or obout 21C. WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	Oakhill Aye.
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
8 4 6/ 1:UU 8. WORK AT	WORK Subject stabbed himself
22. I certify that I held an Inquiry Inspection A	utapsy XX and that on this basis, death in my apinlan
resulted fram: Natural causes Accident Suici	de X Hamicide Undetermined manner
ACTIVAL DOCLO	CHIEF MEDICAL EXAMINER X DATE SIGNED
SIGNATURE A TONNE	D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Russell S. Fisher. M	ASSOCIATE MEDICAL EXAMINER
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	
REMOVAL (Specify) 8/8/67 B4/73.	Vat CEm. 5501 Fred K bus
24A. DATE REC'D BY HEALTH DERT 24B, NAME OF REGISTRAR	24C. EUNERAL DIRECTOR ADDRESS // 7 9
John C, Tablema	mille To Flick Newson
VS 151 Pr.V. 1/1/45 N	Topour c excess 14. Cot 0/14

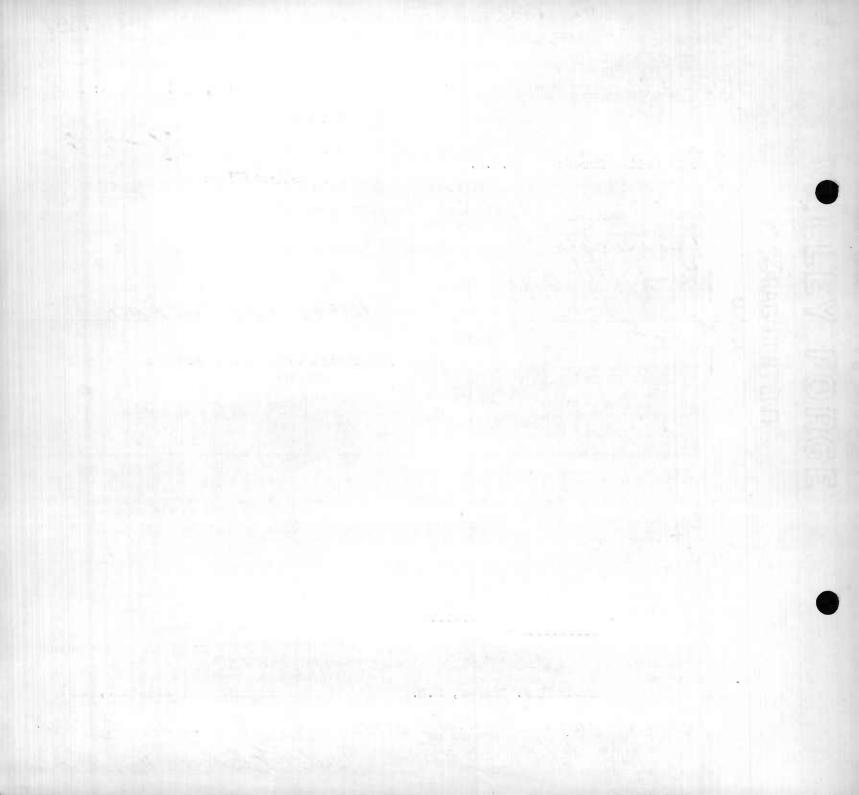


7597 BALTIMORE CITY HEALTH DEPARTMENT

7597

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
JOSEPH, WEJOSPHINE QUEEN	August 6, 1967 9:45 a m.
3. PLACTIN BALTMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If autside corporate limits, write RURAL and give tayinship)
INSTITUTION	P-14/man
0 1610 - 11 - 5	Baltimore D. STREET ADDRESS (If rurol, give locotion)
1618 Dallas Street D.O.A.	
	1618 Dallas Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months, Days Hours Min.
Female Colored Married	Seek 20 1903 63
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	TY 11. BUTHPLACE (Plote or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
41 (1)	
Horge W Hunean	Josephine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or eotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	Harry Luces 1618 Hadre St
[18, / CAUS	E OF DEATH INTERVAL BETWEEN
1 1 2 0 1 1 CAUS	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., OUE TO	rteriosclerotic Cardiovascular
heart failure, asthenia, etc. It means the disease.	Disease
, , , , , , , , , , , , , , , , , , ,	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
E I	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
E DISEASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO ALL DATE OF OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
ZIA. EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g.,	in ar about 21C. WHERE DID (If in Boltimare City, give exact location)
UNDERLYING OR CONTRIB-	office bldg., INJURY OCCUR?
5	
OF INJURY (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT	WHILE
22,	ron Li
1 certify that I held an Inquiry Inspection X A	ond that on this basis, death in my opinion
resulted from: Notural couses X Accident Suici	de : Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER X
ACTUAL AMYCANIA	DATE SIGNED
SIGNATURE M.I	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Russell S. Fisher, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
TO UMIAR (11810 1/7) MA (11)	roxulle a allerte mo
24A. DATE REC'D BY HEALTH DEPT 24B. NAME OF REGISTRAR	24C FUNERAL DIRECTOR ADDRESS
AUC 8 short has a 2 2	18 15-60.0 OCO
AUG 8 1967 Robert E. Falluma	Wall Celebrean 1129 M. Cartis
VC 151 DEV 1/1//5	//



67 7598

BALTIMORE CITY HEALTH DEPARTMENT

BALTIMORE CITY HEALTH DEPARTMEN

NORE CITT HEAGIN DELAKTIMENT	O My to the second
MINER'S CERTIFICATE OF	DEATH Registered No.7 7598

BIKIH	NO.	MED	ICAL EX	AMIINERS	EKTIFICA	IE OF D	EAIL Kedizie	ered Noz	1000
	CASE NO.								
1. NA	or Print)	EASED				2. DATE AND	HOUR PRONOUNC		
	RALPH	MAGOE MANNEY AND IN		BRIGM			ust 5, 1967		:15 P. M.
	NAME OF	MORE MARYLAND, W			A. STATE Maryla	and	eceosed lived. If inst B. COL	YTNL	
HOSP	ITAL OR	ADDRESS OR LOCA	ATION)	THOM, GIVE STREET	Baltir		corporate limite, write	e RURAL ond giv	e township)
S	OUTH BA	LTIMORE HOSP	ITAL		D. STREET ADD	RESS (If rurol, g			
5. SEX		6. RACE	7 AA APPIED	NEVER MARRIED	B. DATE OF BIRT		yer Street	If IInday 1 Ve	If Under 24 Hrs.
Ma		White		DIVORCED (specify)	5-21-192		lost birthdoy) 45	Months, Doys	Hours Min.
		PATION (Give kind of wor orking life, even if retired)	NOR KIND OF	BUSINESS OR INDUSTRY	100		country)	12. CITIZEN O	FUNTRY?
	Rooter		Roofin	a	North (
13, FA	THER'S NAM	rge Brigman			14. MOTHER'S M	AIDEN NAME			
		EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT			ADDRESS	
no	o or unknown)	(If yes, give wor or dote	es of service!	238 20 9110	Mrs. Bet	tu R Birio	man 1426 He	anoven St	S
18	ER	19:4		CAUSE	OF DEATH			INTE	RVAL BETWEEN ET AND DEATH
NO	(This does n heart foilure, injury or com A DISEASES (RISE TO THE	E OR CONDITION DI LEADING TO DEATH of mean the mode of ostherio, etc. It means plicotion which coused NTECEDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S G CONDITION LAST.	dying, e.g., the discose, deoth.) S ANY, GIVING	(A) Lacera	ation of I	Liver and	l.Kidney		
CERTIFICATION	TO THE	II IIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING	LATED TO TH						
	A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY	11	B. IF YES, WERE FILL OF CERTIFYING CAU	NDINGS CONSII SES OF DEATH?	Yes
0	TING L CAUS	CAUSE WAS OR CONTRIB- SE OF DEATH.	erc./	PLACE OF INJURY (e.g., form, foctory, street, c	0s	stend Str	eet W. of	Sharp St	reet
O	F INJURY	(Month) (Doy) (Yeo 8/3/67	9./10	HILE AT NOT AT W	WHILE X str	cuck brid	y occur? Subj lge abutmen	driver -	vehicle
2:		ify that I held an I	nquiry 🗌	Inspection Aut		d that an this	basis, death In n	my apinlan	
	result	ed fram: Natural ca	uses A	ccident X Suicid	_		determined mann	er	
	ACTUAL		hhi	S AS MAD	_ CHIEF M ASSISTANT M	EDICAL EXA		DA	ATE SIGNED
	EXAMIN NAME (1	ER'S Hornor	U. Spitz	V -)	ASSOCIATE M			8	/6/67
23A. REMO	BURIAL CREADVAL (Specify	AATION, 23B. DATE	230	C. NAME OF CEMETERY	CREMATORY	23 D. LO	CATION (City,	, town, or county	(Stote)
24A.	Burial DATE REC'D	8-10-	67 248, NAME	Loudon Park Ce	metery 24 FUNER	AL DIRECTOR	ltimore, Mo	d.	ESS
		AUG 8 1967	R.O. A.	2 Fallmai	Thomas	J Kenny	Inc Balto.		
VS 15	51-REV. 1/1/6	5.	1						

VS 150-REV. 1/1/65

M.E.	H NO.	6/	7599	CERTIFICA	TE OF DEATH Register	ed No. 67 7599
				CEIVIIIICA	ALL OF DEATH	
.N/	CASE NO.	CEASED			2. DATE AND HOUR OF	DEATH
	or Print)	Table 1				
0.1	ACE OF DE		lliam	Hart	August 5, 1	701
. P.	LACE OF DE	ATH IN BALTIMORE, MA	KILAND		4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	ved. It institution: residence before admis
E (ULL NAME (OF (If not in hospital	as institution	anna atraut	Maryland	
H	OSPITAL OR	oddress or locotion		give street	C. CITY OR TOWN (If outside city limits	s, write RUDAL and give to ship)
th	ISTITUTION				Baltimare	11-07
2					D. STREET ADDRESS (If rurol, give local	11-02
7	Mid	own Mursing H	ome			onon/e
		17			808 St Paul St	
. S E	X	6. RACE		NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In ye	ors / If Under 1 Yr. If Under 24
	20		_	D, DIVORCED (specify)	lost birthdoy)	6 Month's Doys Hours M
0.4	M HELIAL OCC	UPATION (Give kind of work	1		7/15/91 75	12. CITIZEN OF
		working life, even if retired	IOS. KIND OF	BOSINESS OK HADOSIKI		WHAT COUNTRY?
	Cook				Maryland	USA
3. F	ATHER'S NA	ME			14. MOTHER'S MAIDEN NAME	
•						
				3		?
		d Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT	ADDRESS
es,		n) (II yes, give wor or dote	s of service)	SECURITY NO.		/07 7
	No			216-10-8816	Mrs Louise Watties 2	ozi boone st
1	В.	2211		CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DIR	RECTLY		YIAA	
		LEADING TO DEATH		(4)	, V. A.	Sudde
		not mean the made of		DUE TO	3	
- }		, oslhenio, elc. It meons	the disease,			
	initial at an	maliantian subjet accord	double 1	Á	001/10	
	injury or car	mplication which caused		A	S.C.V. Ducas	2
	injury or car	mplication which coused ANTECEDENT CAUSES		(B) DUE TO	S.C.V. Ducac	
	DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if	ony, giving	(B)	S.C.V. Ducac	
	DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A)	ony, giving	DUE TO	S.C.V. Ducac	
	DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if	ony, giving	DUE TO		
	DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A)	ony, giving	DUE TO		
	DISEASES LISE TO THE UNDERLYING	ANTECEDENT CAUSES OR CONDITIONS, if ne above couse (A) IG CONDITION last.	ony, giving sloling lhe	(C)		
	DISEASES LISE TO THE OTHER SIGN TO THE	ANTECEDENT CAUSES OR CONDITIONS, if ne above couse (A) IG CONDITION last.	ony, giving sloling lhe	(C)		
ATION	DISEASES TISE TO THE EDISEASE OR	ANTECEDENT CAUSES OR CONDITIONS, if ne above couse (A) IG CONDITION last. IIIFICANT CONDITIONS CO DICTARTH BUT NOT RELA IS CONDITION CAUSING I F OPERATION [198. CON	ony, giving sloling lhe ONTRIBUTING VIED TO THE T. IDITION FOR V	G Rendra	Q Pareses from old	les C.V. A.
AIION	DISEASES TISE TO THE EDISEASE OR	ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) IG CONDITION last. II HIFICANT CONDITIONS C DEATH 8UT NOT RELA IS CONDITION CAUSING I	ony, giving sloling lhe ONTRIBUTING VIED TO THE T. IDITION FOR V	G Rendra		le C.V. A.
EKIIFICALION	DISEASES IISE TO THE SIGN OTHER SIGN TO THE E DISEASE OR 19A-DATE O	ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) IG CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving sloling the CONTRIBUTION TO THE TO THE TO THE TO THE TOTAL T	G Peculiar WHICH OPERATION	Qures from old 20A. AUTOPSY? (Yes Vor No) 20B. IF YES, IN CERTIFY	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
L CEKIIFICATION	DISEASES LISE TO THE RESIGNATION THE EDISEASE OR 19A. ACCIDION CONTRIB	ANTECEDENT CAUSES OR CONDITIONS, if ne above couse (A) is CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving sloling the ONTRIBUTION TO THE TO THE TO THE TOTAL TOT	G PLACE OF INJURY (e.g., form, foctory, street, c.e., form, foctory, stree	Qures from old	le C.V. A.
AL CEKIIFICATION	DISEASES LISE TO THE RESIGNATION THE EDISEASE OR 19A. ACCIDION CONTRIB	ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) IG CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving sloling lhe ONTRIBUTING TED TO THE T. DITION FOR 1	G PLACE OF INJURY (e.g., form, foctory, street, c.e., form, foctory, stree	Q Pareses from old 20 A. AUTOPSY? (Yes Jor No) 20 B. IF YES, IN CERTIFY!	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
DICAL CERTIFICATION	DISEASES IISE TO THE UNDERLYIN OTHER SIGN TO THE E DISEASE OR 19A-DATE O OR CONTRIB DEATH (notif	ANTECEDENT CAUSES OR CONDITIONS, if ne above couse (A) is CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving sloling lhe CONTRIBUTION TO THE T. IDITION FOR YEAR PORMED 218 horner.	G PLACE OF INJURY (e.g., form, foctory, street, c.e., form, foctory, stree	Q Pareses from old 20 A. AUTOPSY? (Yes Jor No) 20 B. IF YES, IN CERTIFY!	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH? Baltimore City, give exact location)
WEDICAL CERTIFICATION	DISEASES IIISE TO THE INTERPRETATION OF THE	ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) IG CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving sloling lhe CONTRIBUTION TO THE T. IDITION FOR VERTICAL CONTRIBUTION FOR VERTICAL CONTRIBUTION FOR MED	G PLANTION PLACE OF INJURY (e.g., form, foctory, street, ce)	20 A. AUTOPSY? (Yes Vor No) 20 B. IF YES, IN CERTIFY! in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH? Baltimore City, give exact locohon?
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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written grannovel must be abteined before the remains are embalmed or final disposition is made

Carlo Maria	BALTIMORE CIT	Y HEALTH DEPARTMENT		CH HOOM
BIRTH NO. 67. 76	CERTIFICA	ATE OF DEATH	Registered Na.	67. 7601
M.E. CASE NO.	021(11110)		HOLLS OF DEATH	
una as Bright	VEWEY	2. DATE AND	HOUR OF DEATH	3 48 1
PLACE OF DEATH IN BALTIMORE MARYL		4. USUAL RESIDENCE (Where &	16/)
TEACE OF BEATH IN SALIMORE, MARIE		A. STATE B. COUNTY	. 1	nion: residence before agm
FULL NAME OF (If not in hospital or in	astitution, give street	MARY2A1	VO 2	-1-16
HOSPITAL OR address or location)			city limits, write RUR	AL and give township)
Canal Has	n	BALLIMO	ORE	
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SEX 6. RACE / 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9.		Under 1 Yr. , If Under 2
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one during most of working life, even if retired)		The second secon	Country	WHAT COUNTRY?
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3. FATHER'S NAME	*	14. MOTHER'S MAIDEN NAME		
Thomas Veney		Lila		
. Was Deceased Ever in U. S. Armed Forces?	16 500141	17 INFORMANIA		ADDRESS
es, no grunknown) (If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	Mrs Emma Ven	ev . sam	
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DEATH (notify medical examiner)	etc.)			
	lour 21E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	The second second
OF INJURY	While At Not WI			
(APPROX.)	Work Al Wor			1 1.
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that (I) (last saw the deceased a	0///5	19ond that		- /
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Barrell. 1	alter M.D. A	tlending Med. Sto Director Phy	rs.	8/6/67
23C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type) BARRY	M POTTER M.	SINAI HOS	P	
O//C/C/			/	
AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY or C	REMATORY 24D. LOCA	ATION (City,	lown, or county) (S
Burial 8/10/67	Mt Calvary C	emetry A A	County Me	A
	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	County Me	ADDRESS
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	VS	150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

RTH NO. Pennylvania 67 7602	CERTIFICA	ALE OF DEATH	Registered No.	0//6	02
A.E. CASE NO.		2. DATE AND	HOUR OF DEATH	415	
Type or Print) Andrew Si	nyder	8/17/8	67	87	A
FULL NAME OF (If not in hospital or institution) FULL NAME OF (If not in hospital or institution) When the property of the p		A. STATE B. COUNTY C. CITY OR TOWN (If outside	le city limits, write RUI R.7D		
44			ol, give location)		
M W WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)	4/5/64	birthdoy 34 A	Months Doys Hours	nder 24
03. USUAL OCCUPATION (Give kind of work 10 B. KINE one during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	111. BIRTHPLACE (Stote or foreign		12. CITIZEN OF WHAT COUNTRY	?
3. FATHERS NAME Melvin 8mg		14. MOTHER'S MAIDEN NAME	ry q	RFD# =	Pa
5. Wos Deceosed Ever in U. S. Armed Forces? res,no or unknown) (If yes, give wen of dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
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19A. DATE OF OPERATION 19B. CONDITION F	or which orthanon	25/12/01/31: (103 01 110)	IN CERTIFYING CAUS	ES OF DEATH?	
2TA. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., horne, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boftimore C	Ĉity, give exact locati	on)
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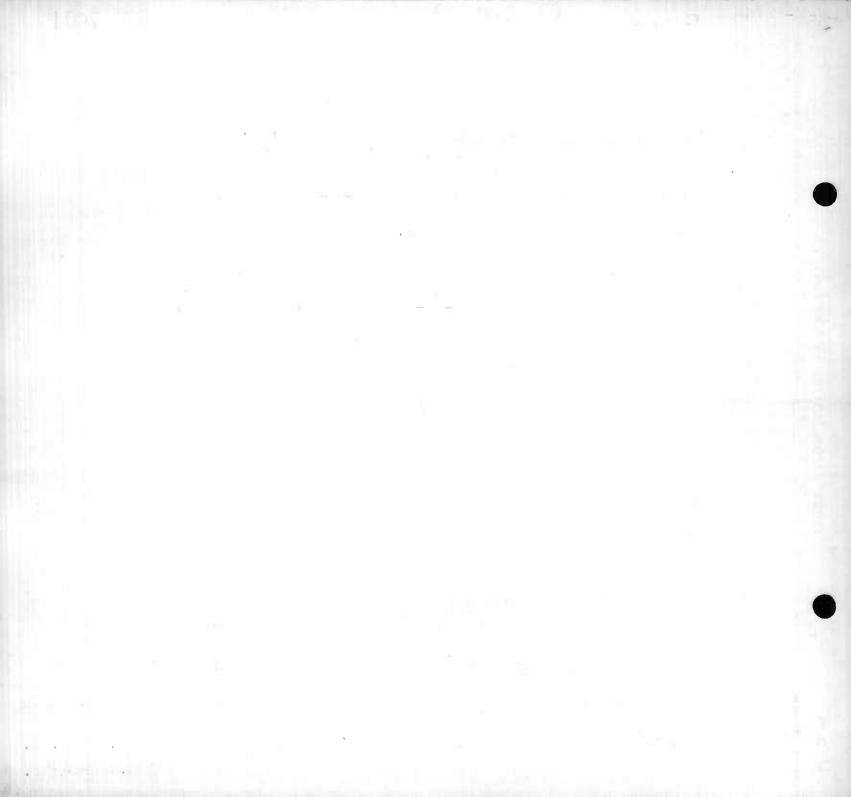
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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such deceased prior to be obtained before the remains are embalmed or final disposition is made.	
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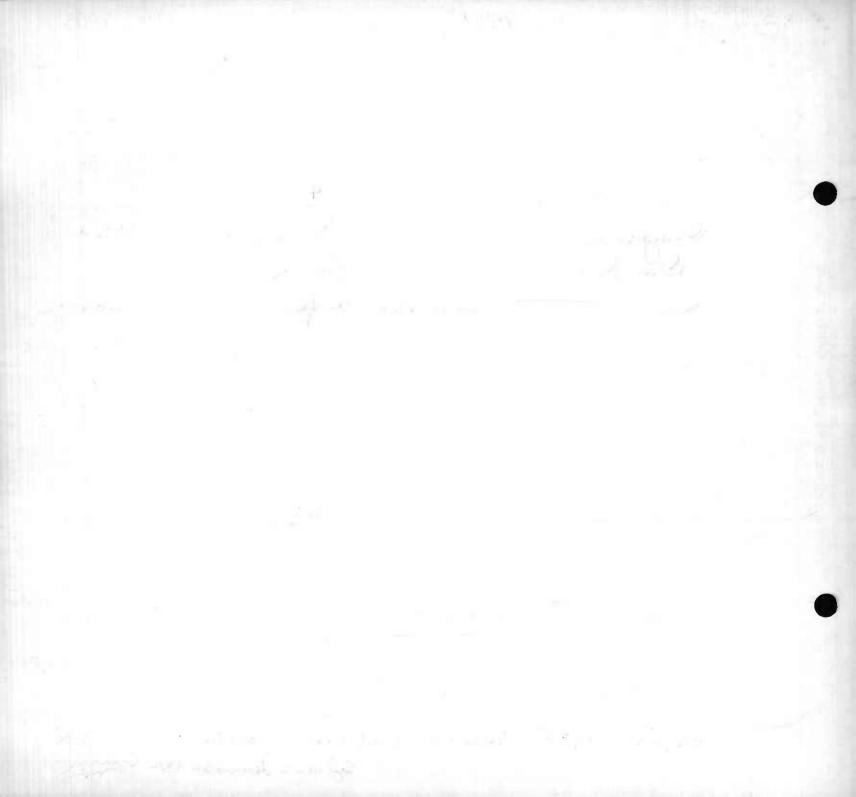
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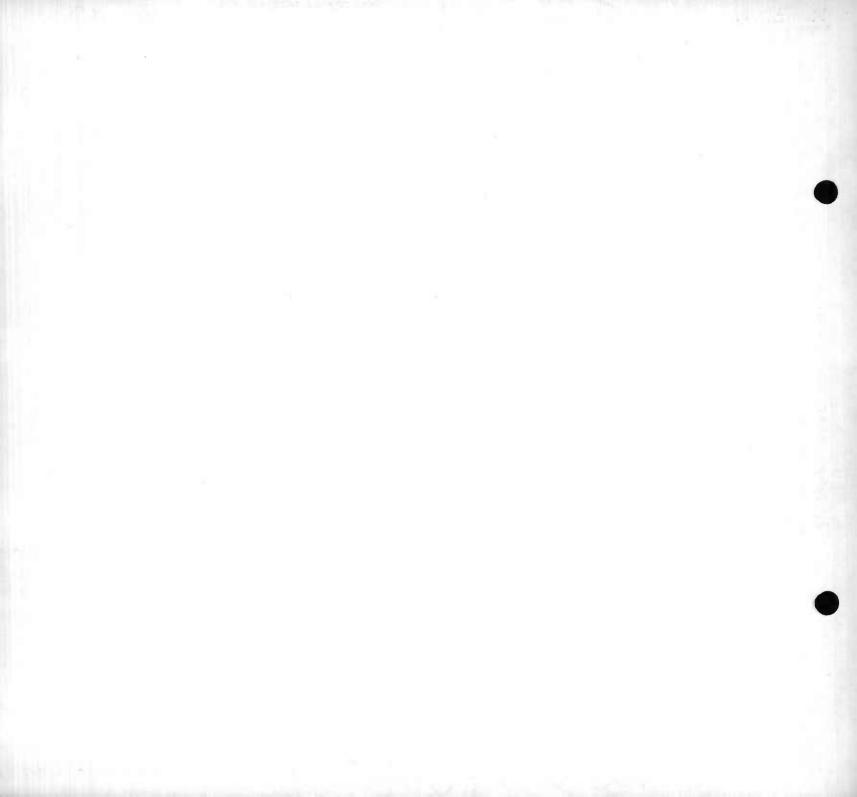
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such Hawritten approval must be obtained before the remains are embalmed or final disposition is made.	BIRT M.E. T.N (Typ 3. If 5. S S S S S S S S S S S S S S S S S S
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1, N	L CASE NO.	EASED	JOHN E	RERGER	2. DATE AN	D HOUR OF DEATH	
(Тур	pe or Print)	John		VGEV	8/6/	67 1:3	opim.
3. [PLACE OF DE	ATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If in:	stitution: residence before admission
1	FULL NAME C	F (If not in hos	spital or institu	tion, give street	Maryland		26-12
- 1	HOSPITAL OR	oddress or lo	cotion)	¥			URAL ond give township)
F	Baller	rose at.	140	an.t.l.	Baltimore, Mo		00-00
-	4940 Eas	tern Avenu	ie Balt	imore, Md. #2122		rurol, give location)	
	S EX	6. RACE	7 AA AB	RRIED. NEVER MARRIED		9. AGE (In years	If Under 1 Yr If Under 24 Hrs
1	Male	White	WID	Single (specify)	8-21-1899	lost birthdoys 67	Months Doys Hours Min.
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3.	FATHER'S NA	WE			14. MOTHER'S MAIDEN NA	ME	
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5. 1	Was Deceased	Ever in U. S. Arme	d Forces?	1 6. SOCIAL		4940 Eastern	AMODRESS
es		(If yes, give war or	r dates of Serv			Raltimore N	aryland #21224
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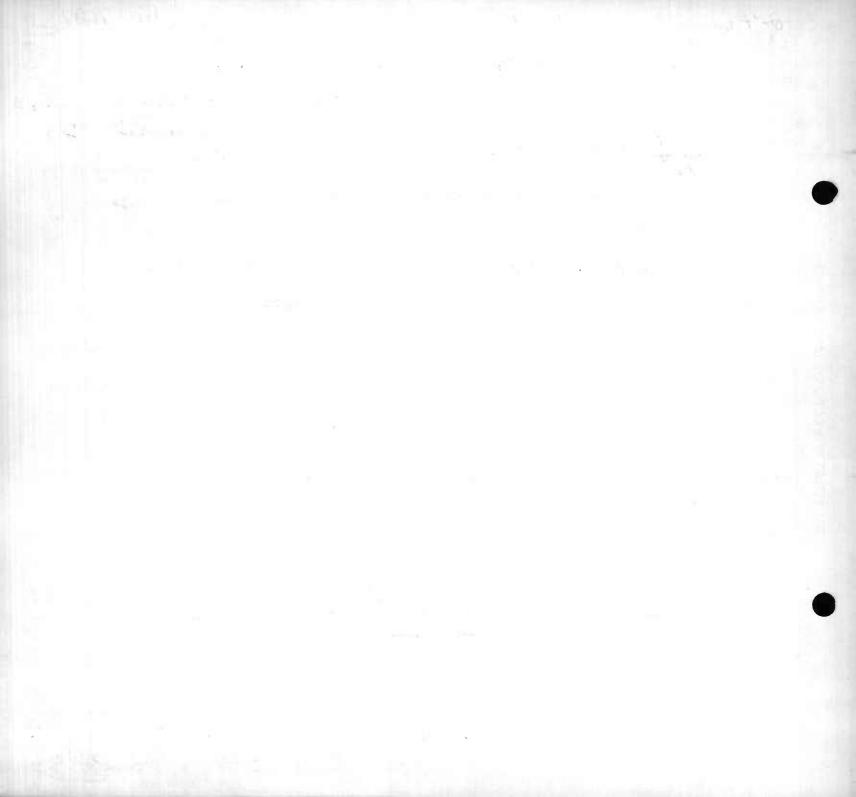


BIRTH NO.	67 76	CERTIFICA	TE OF DEA	TH Registered N	67 7606
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)			2. [DATE AND HOUR OF DEA	
XIDIT		ick,		August 512	1961 11 AV
HOSPITAL OR oddress of	hospital or institution, (location)		Maryla C. CITY OR TOWN	nd.	If institution; residence before admission To RURAL and give township
35 Church H	ome & HOS	fitals	D. STREET ADDRESS A813	(If rural, give location)	uch.
S. SEX 6. RACE	WIDOWE	NEVER MARRIED D. DIVORCED (specify)	San I 1	890 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind done during most of working life, even if Retired	raticad) - :	er business or industry	11. BIRTHPLACE (Stot		12. CITIZEN OF WHAT COUNTRY? U. S. A.
	(NOWN			KNOWN	
15. Was Deceased Ever in U. S. Ar (Yes, no or unknown) (It yes, give wor	med Forces? or dotes of service)	16. SOCIAL SECURITY NO. 219-30-7570	Mrs. Sopt	is Xidias	ADDRESS Firmere Md. 21224
18. 46 6 XI		CAUSE OF	DEATH	212 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	INTERVAL BETWEEN ONSET AND DEATH
OISEASE OR CONDITI LEADING TO I (This does not meen the m heert foilure, osthenio, etc. II injury or complication which	DEATH ode of dying, e.g. meons the diseose		Cmon any	Eubolis ati	
rise to the obove cous UNDERLYING CONDITION I OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO	ost, IONS CONTRIBUTING T RELATED TO THE	IG P			16 days
		WHICH OPERATION	20A. AUTOPSY? (Y		RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE DEATH (notify medicol exomine	OF hor	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of .)	or about 21 C. WHERI fice bldg., INJURY OC	E DID (If in Battin	more City, give exact location)
21D. TIME (Month) (Doy) OF INJURY (APPROX.)	W	E. INJURY OCCURRED hile At Not While At Work		DID INJURY OCCUR?	
22. I certify that (I) (this he that (I) (we) lost sow the dond hour and from the cous	eceosed olive on	8/5	19.6.7		9 6 7 opinion death occurred on the do
23A. SIGNATURE	na J	M.D. Atte	nding Med.	Stoff	23B, DATE SIGNED 8/5/67
23 C. PHYSICIAN'S NAME (Type)	2 MAI	2TINEZM.D.	100 K	· Broode	way 2/23/
REMOVAL (Specify)		eck Orthodo	x Cometen	Baltimore	(City, town, or county) (State), Md.
25A. DATE REC'D BY HEALTH DE	967 P. C.	of REGISTRAR	Nicholas	IRECTOR T. Matthews Eastern Ave	Baltimore Md.



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	US	60	P	90	P	E
	This certificate must be approved by the chief medical exominer or his ossistant if death occurred in o hospital and	the body wos releosed to the hospitol by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of ony noture; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	wos D.O.A. at a hospital (except where the physicion who pronounced death was in regular attendance on the	deceosed prior to deoth); and (6) No physicion was in regular attendance on the deceosed prior to death. Such	written opprovol must be obtoined before the remains ore embolmed or finol disposition is mode.
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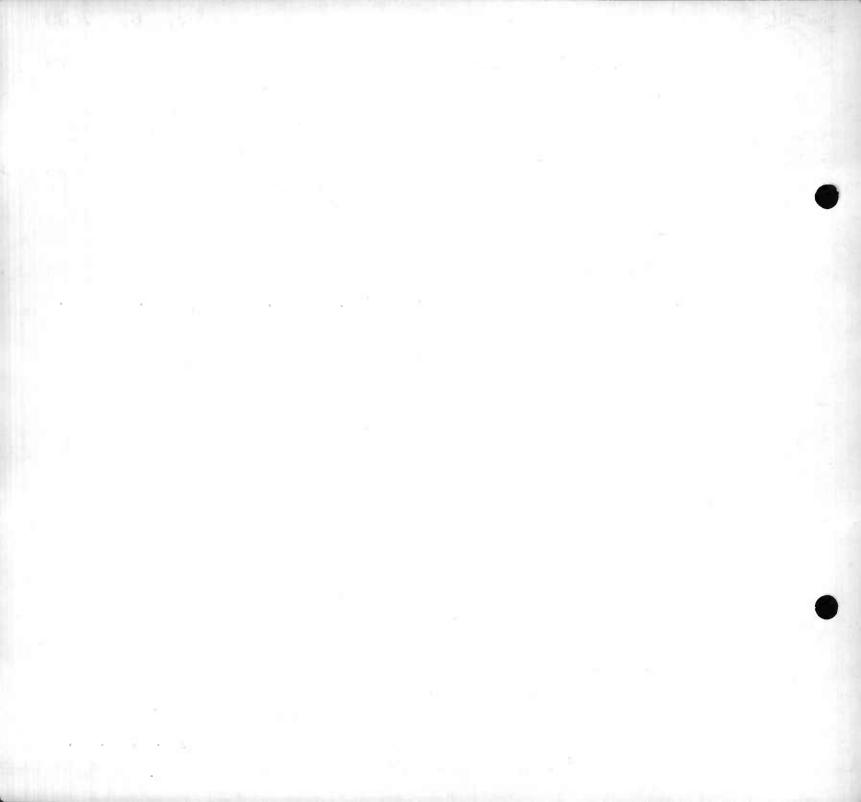
BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Badsler, Richard Thomas Aug. 5, 1967 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND Rosewood State Hospital - Owings Mills, Md (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (Il outside city limits, write RURAL and INSTITUTION D. STREET ADDRESS (II rurol. University Hospital If Under 1 Yr. 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years 6. RACE B. DATE OF BIRTH Il Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy) Months Doys /23 never married 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) none Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alfred S. Bassler Patricia Peddicord 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. no none Chart CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 0515 (This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.) emenia (B) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 42215 TO THE DEATH BUT NOT RELATED TO THE 1091C DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) 21 D. TIME (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX.) Work At Work that (1) (we) last saw the deceased alive an 14345 19 6 / ...and that in (my) (eve) apinlan death occurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Stoff Lune M.D. Med. Phys. Director Phy s. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) Md. 8/8/67 Mt. View Alpha, Howard burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C FUNERAL DIRECTOR Slack Ellicott City AUG 9 Marvland Funeral Home VS 150-REV. 1/1/65



BIRTH NO.	01	7608 CERTIFIC	CATE OF D	EATH Re	gistered Na.	7608
NAME OF DEC	EASED Walter	Rebey, Jr.		2. DATE AND HOL		3:00 ▲
PLACE OF DEA	TH IN BALTIMORE, MA			IDENCE (Where dece	•	nstitution: residence before admission)
FULL NAME O	F (If not in hospital	or institution, give street	Md.	B. COUNTY		
HOSPITAL OR	oddress or locotion				y limits, write	BURAL and give township)
) 222 Ch	rchill Street			more City DRESS (If rurol, gi	we lession	2-6
	e, Md · 21230	·		Churchill S		
. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIR	TH 9. AGE	(In yeors	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
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	JPATION (Give kind of work working life, even if retired)	10B. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	E (State or foreign cour	ntry)	12. CITIZEN OF WHAT COUNTRY?
Truck D		Floor Covering	Baltir	nore, Md.		USA
FATHER'S NAM	ΛE		14. MOTHER'S	MAIDEN NAME		
Wal	ter Robey,	Sr.	Viole	et Dietz		
	Ever in U. S. Armed For		17. INFORMAN	T		ADDRESS
No			Mrs. Ma	ary Robey	232 CI	hurchill St.
18./63	XI		E OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
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(This does n	al meon the made of	dying, e.g., DUE TO	gerterent o	1 Tungs	*******************	4 months
	asthenia, etc. It means optication which coused					
	ANTECEDENT CAUSES		*******		*********	<u></u>
	OR CONDITIONS, if	ony, giving				
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OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF 21A, ACCIDE	WAS PER		no	IN C	ERTIFYING CA	AUSES OF DEATH?
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DEATH (notify		none etc.)	t, once blug., 1143 Ok	ar occor:	-	
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(APPROX.)	-	While At Not Not At N	While Vork	-		
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	last saw the decease	Asshmand E	m 1967			inian death accurred an the dat
and haur and	d from the causes stat	ted abaven(I) (We) (did) (did-	view the bady	after death.		
23A. SIGNATU		7/1/1			1	23B, DATE SIGNED
	(/6	/ Cha M.D.	Attending Phys.	Med. Staff Phys. [8-8-67
23C. PHYSICIA	vne)		23D. ADDRESS		. 5	M
	C. C.	Chiu	A.D. I E. Ra		h	mor, Md. 21230
4A. BURIAL CRE	MATION, 24B. DATE Specify)	24C. NAME of CEMETERY of	CREMATORY	24D. LOCATIO	ON (C	City, town, or county) (State)
Buria		67 Glen Haven	Memorial	Glen	Burnie	e. Md.
5A. DATE REC'D	AUG 9 1967	25B. NAME OF REGISTRAR	25C. FUNER	AL DIRECTOR		ADDRESS
						715 Light St.

To a state to the great of the state of the

67	BALTIMORE CITY	HEALTH DEPARTMENT		00 500
BIRTH NO.	7609 CERTIFICA	TE OF DEATH	Registered Na	67 7509
M.E. CASE NO. 1. NAME OF DECEASED		DAYE AN	D. HOUR OF DEATH	
(Type or Print)	0 -15	2. DATE AN	1011914	. / ' ~ ~ n
6441.	Swa ggery	8/	8/174/	6.25H.N
3. PLACE OF DEATH IN BATTIMORE, MARYLA	ND OF S	A. STATE B. COUN	e deceased lived. If insti	lution: residence befare admission
FIRE NAME OF US and in baseled as in	etitutina aus etrast	Manulan	11	2-001
FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)	siliution, give street	C. CITY OR TOWN (If out	side city limits, write RUI	PAL cive township)
INSTITUTION		12 191	· 4 1	2 - Sive lowitship/
1/3			DIE X	1230
7 110 11.	1 11	D. STREET ADDRESS (III	ural give location)	21
South Baltimare GE	NEPal Hosp.	8 WEST	ross	St.
. SEX 6. RACE 7. A	ARRIED, NEVER MARRIED		AGE (In years	If Under 1 Yr. , If Under 24 Hrs
m 116:40	WIDOWED, DIVORCED Ispacify)	7/2/1893	ost birthdoy)	Months Doys Hours Min.
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one during most of working life, even if retired)	A/	TIP BIKING LACE ISTOTE OF TOTELS	gn country)	WHAT COUNTRY?
Miner-Retired	NONE.	TEI	VNESSEE	II C A
3. FATHER'S NAME	_/10//-	14. MOTHER'S MAIDEN NAM	AE	0 5 A
11.0)	1	n	
John Swagg	Ertu	4051	E rea	SE.
. Was Deceased Ever in U. S. Armed Josephs? 'es, no or unknown) (If yes, give wor or dofes of	SOCIAL	17. INFORMANT		ADDRESS
		Mrs. Allie G. S	Surpagentar 8	W Cross St.
No	236 05 3681		Magger of O	
1B.	CAUSE	F DEATH	1	ONSET AND DEATH
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heart foilure, asthenio, etc. It meons the injury or complication which coused deo				
	(B) A	· NOIT		
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The state of the s	-4/ 000	a del	V	
Z	,	, ,		
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DISEASE OR CONDITION CAUSING IT.				
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WAS PERFORM		No	CERMINIO CAUS	U. DEATH.
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DID	(If in Boltimore C	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, o	ffice bldg., INJURY OCCUR?		
2				
21D. TIME (Month) (Doy) (Year) IH		21 F. HOW DID INJ	JRY OCCUR?	
(APPROX.)	White At Not Whi	le 🗍		
			7 %	2 6
22. I certify that \$\pi\(\pi\)(this hospital) at	tended the deceased from	1 4	967 to 6	7-8 19 4/
that (we) last saw the deceased a	ive an 0-0	19 6/ and the	at in (my) (aur) opinie	an death accurred on the da
and haur gold from the causes stated	chaus (1) (1) (1) and a			
	and se (1) to on (ala) (ala not)	view the body after death.		DATE CICHET
23A. SIGNATURE				3B, DATE SIGNED
MANIAND Ham	M.D. Att		Stoff Phy s.	8/8/67.
23C. PHISCIAN'S	10	23D. ADDRESS		11
NAME ITYPO	- 2 - 1/2. To M.D.	101-111	101	2
	Lace Nac, Ur,	12/3 h/9h	5 STIE	EEZ.
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF PEMETERY OF CR	EMATORY 04D. LO	CATION ICity,	tawn, or county) (State)
	C7 am Harram		70	
Burial 8 11 67				
OM TAMES MELLE BY MEALIN DEVI 1958	Glen Haven	Gle	en Burnie, A.	A. Co. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B	NAME OF BECIEFRAS	25C. FUNERAL DIRECTOR	en Burnie, A.	A. CO. M.C.
AUG 9 1967 (25C. FUNERAL DIRECTOR HC Cully		A. Co. Md. ADDRESS Fort Ave

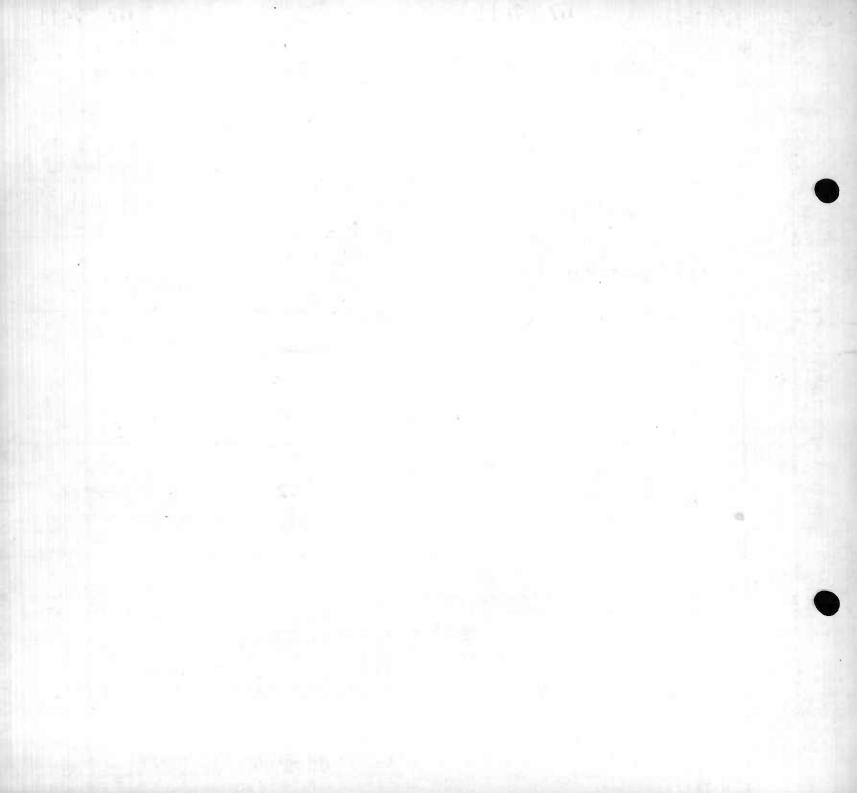


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August 7, 1967 Augu
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FULL NAME OF MOSTIAL OR Iff not in hospital or institution, give sineet oddress or location) 1505 W. 36th St. 1505 W.
MOSTITUTION 1505 W. 36th St. C. CIT of town
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1505 W.36th St 1505
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103. USUAL OCCUPATION (Give kind of working life, even if retired) Housewife 13. FATHERS NAME 14. MOTHERS MAIDEN NAME Ceorge W. Weaver. 15. Wos Deceased Ever in U. S. Armed Farces? 16. SOCIAL SECURITY NO. Per, no or unknown (If yes, give wor of delies of service) Per, no or unknown (If yes, give wor of delies of service) Per, no or unknown (If yes, give wor of delies of service) 16. SOCIAL SECURITY NO. Per, no or unknown (If yes, give wor of delies of service) Per, no
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22. I certify that (I) (this hospital) attended the deceased from 11-3 195-3 to 8-7 19
22. I certify that (I) (this hospitol) ottended the deceased from 19
that (1) (on lost saw the deceased alive on 9-7 1967 and that in (my) (our) opinion death occurred on
ond hour and from the couses stated above. (1) (the (did) (did not) view the bady after death.
23A. SIGNATURE 23B. DATE SIGNED
Renken Mothers M.D. Attending Med. Director Phys. Director Phys.
23 C. PHYSI CIAN'S 23D. ADDRESS
NAME (Type) REUBEN HOFEMAN M.D. 846 CU. 36 B. BALTIMORE, MD
24A. BURIAL CREMATION, REMOVAL (Specifyl 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)
Burial 8/10/67 Moreland Memorial Park Toylor Ave Md
Burial 8/10/67 Moreland Memorial Park Taylor Ave, Md ADDRESS 25A. DATE REC'D MUG9 1967 Polent E. Lonovan 3818 Polend [Solub E. Farbuna Clustin & Donovan 3818 Polend
1301 Polant & talenta Chestin & Donovan-3818 Poland
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VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



VS 151-REV. 1/1/65

67 7612 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 7612

		NEDICAL LA	AMII ALIK O CI	-KIIIICAI		LA III Magne		
M.E. CASE NO.	TA CED				To - 1 - 1 - 1 - 1			
Type or Pugh WALT	ER	George	SCHNEENA	N		gust 8, 196		6:50 A. M.
3. PLACE IN BALT	IMORE, MARYL	AND, WHERE PRONOL		A. SMAL RESID	ENCE (Where	deceosed lived, If insti B. COU	NTY /2	dence before odmisation)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN ADDRESS O	HOSPITAL OR INSTITU R LOCATION)	ITION, GIVE STREET		VN (If outside	corporate limits, write	RURAL on	nd give township)
0 801 Ea	stern Av	enue		D. STREET ADDR			00	2-00
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH		9. AGE (In years lost birthdoy)	If Under	1 Yr. If Under 24 Hrs. Doys , Hours , Min.
Male	White	Sepa	rated	7/28/190		60	1.4.011.01	3,5
done during most of v Laborer	working life, even it		BUSINESS OR INDUSTRY	Maryland	State or foreign	country)	USA	EN OF T COUNTRY?
3. FATHER'S NAM	\E			14. MOTHER'S MA	AIDEN NAME			
George	Schneem	an		Bertha				
		ARMED FORCES? or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
		2	1709 6145	Mr. Wm.	Schneen	an - 3607	Hamil'	ton Ave. #14
CTHER SIGN TO THE	NTECEDENT OR CONDITION E ABOVE CAUS NG CONDITION II NIFICANT CONE	DEATH node of dying, e.g., if meons the disease, coused deoth.) CAUSES 45, IF ANY, GIVING E (A) STATING THE I LAST. DITIONS CONTRIBUTIN NOT RELATED TO TI	(A) DUE TO (B) DUE TO (C)	ple Injur	ies			ONSET AND DEATH
	OPERATION 19	B. CONDITION FOR V	WHICH OPERATION	Yes		20B. IF YES, WERE FIN IN CERTIFYING CAUS		
UTING CAU	UTING CAUSE OF DEATH. home, form, foctory, street, office bldg, INJURY OCCUR? Sherwood Feed Company							3-00
	URE UNI	on Inquiry Durol couses D	Inspection Suicide Cocident X Suicide M.D.	Oney X ond Homicia CHIEF ME	de U EDICAL EX EDICAL EX		er 🗌	DATE SIGNED 8/8/67
23A. BURIAL CREA	MATION, 23B.	DATE 230	C. NAME OF CEMETERY OF	CREMATORY	23 D. LO	CATION (City,	town, or c	county) (Stote)
		10/67	Meadowridge C			imore, Mary		
Burial 24A. DATE REC'D		24B, NAME	2 Forder MA	Z4C. FUNERA		ala Tura Essa		DDRESS
3	alliga 19	16/ Olabert	E' MONDONIA	Leonar	a i wa	ck inc. 530) Hari	ford Rd. #14

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1. NA	CASE NO.	EASED	7613 CERTIFICA	2, DATE AND HOUR OF	F DEATH
Туре	e or Print)	WALTE	RS, Louis P.		UST 1967 312
3. PL	LACE OF DE	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased A. STATE B. COUNTY	lived. If institution: residence before admi
H	ULL NAME O	OF (If not in hospital oddress or location	or institution, give street	MARYLAND C. CITY OR TOWN (If outside city lim	nits, write RURAL and give township)
IN	Notitution	BALTIMURE	CITY HUSPITALS	BALTIMURE	5.3-00
	31		ERN AVENUE	D. STREET ADDRESS (If rurol, give)o	cotion)
			21224, MARYLAND	103 Sufferage R	UAD 21220
	ALE	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) divorced	B. DATE OF BIRTH AGE (In) lost birthdoy) RY 11. BIRTHPLACE (Store or foreign country)	Months Doys Hours A
		UPATION (Give kind of work working tife, even if retired)	108. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Store or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ū.	pholste	er		Baltimore, Md.	U.S.A.
	ATHER'S NA			14. MOTHER'S MAIDEN NAME	
	Louis F	. Walters		Margaret ?	
Yes,	Vos Deceosed no or unknowr YES	Ever in U. S. Armed Form (If yes, give wor or dote	s of service) 16. SOCIAL SECURITY NO. 214-18-3303	Frederick Walters, s RECURDS: BCH 4940	on, 21224, MD. EASTERN AVE. BAL
	1B. //	7 /0 . / 1		OF DEATH	INTERVAL BETWEEN
	DISEA	SE OR CONDITION DIR	RECTLY		ONSET AND DEAT
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			double \		
	injury or con	mplication which caused	dedin,	MODERAL HEIREN HEROS	DIE
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IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CIT	Y HEALTH DEPARTMENT	37 7014
BIRTH NO. M.E. CASE NO. 67. 7614 CERTIFICA	ATE OF DEATH Registered Na.	7614
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) BACKOF Mrs Eliza	A DATE AND HOUSE OF BEAUT	P16 167
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If insti	tution: residence before admission
FULL NAME OF (If not in hospital at institution, give street	Med B+ city	
HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, wite RU	Bute and give township
5 CHURCH HOME + HOLPITAL	Ballius re	7-0-
5 CHURON TOTAL PROGRAM	D. STREET ADDRESS (If rurol, give location) 1536 SHADYS	IDE Rd. #18
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) married	2-18-18	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
(A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRI lone during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SECRETARY Daniel C. Joseph	Mcl	PMER
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
RICHARD H. CROSC	JULIA BAR	KETT
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no 216-09-	GPI Gerard Backof, husband,	above
	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	TTO STATE CA	ONSET AND DEATH
	ETASTATIC CA	10 100
(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,		
injury at complication which caused death.)		
ANTECEDENT CAUSES (B)	30000000000000000000000000000000000000	
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the (C)		
UNDERLYING CONDITION last.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN	IDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUS	ES OF DEATH?
	in or obout 21C. WHERE DID (If in Boltimore Coffice bldg., INJURY OCCUR?	City, give exact location!
21D. TIME (Month) (Doyl (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not Wh		
22. I certify that (I) (this haspital) attended the deceased from	12617	16 1067
that (I) (we) last saw the deceased alive an	19.6.7 and that in(my) (aur) apinio	an death accurred an the day
and have and from the causes stated above. (1) (We) (did) (did nat)		
23A. SIGNATURE		3B, DATE SIGNED
	ttending Med. Stoff Phys.	
23C. PHYSICIAN'S NAME (Typel LASZLO KIRALY M.D	23D. ADDRESS 1/ /2 0 0 0 0	VAY.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City,	town, or countyl (State)
Burial 8/10/67 Woodlawn Cemete	ery Woodlawn Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		ADDRESS
400 - 4007 A A O TAO 40	Schimunek Funeral Home	
VS 150-REV. 1/1/65	3331 Brehms Lane #13	



8/8/ 1967

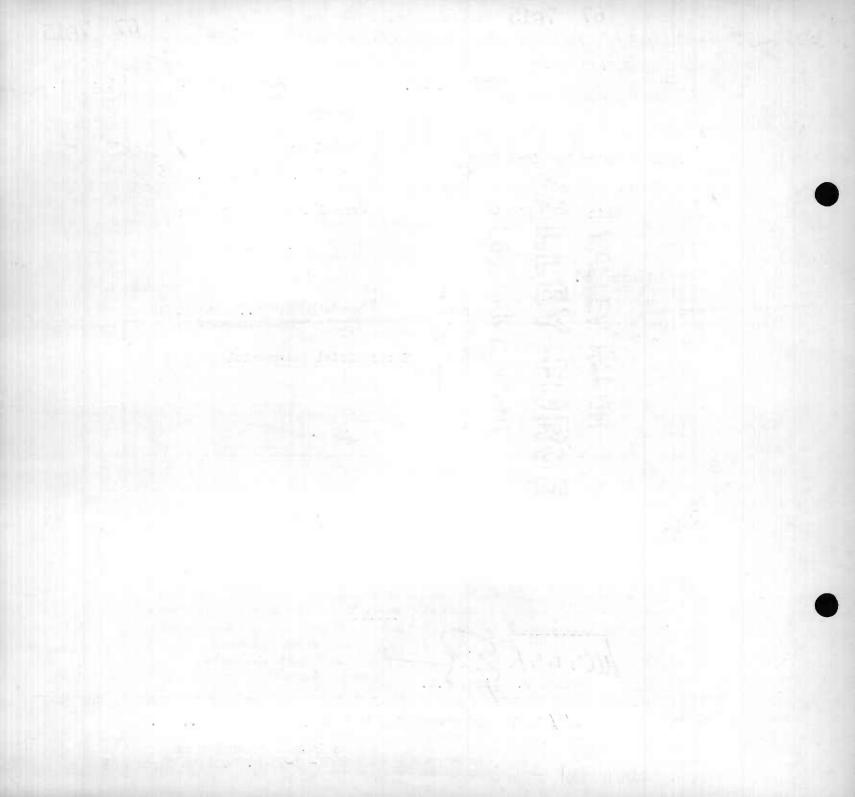
248 NAME OF REGISTRAR

24A. DATE REC'D BY HEALTH DEPT.

	67. 7	615 B	ALTIMORE CITY HEA	ALTH DEPARTMEN	NT	6	7 7015		
BIRT	H NO.1-11624 MED	ICAL EX	AMINER'S	CERTIFICA	TE OF DEATH	Registered No.	, 1812		
-	AAME OF DECEASED		* Sage		2. DATE AND HOUR PRO	NOUNCED DEAD			
	ROY	T.T.T	CEMAN TD		August 5, 19		10:40 A.		
3. P	LACE IN BALTIMORE, MARYLAND, W		SEMAN, JR.	A. STATE	DENCE (Where deceased live				
HO	L NAME OF (IF NOT IN HOSPIT SPITAL OR ADDRESS OR LOCA	AL OR INSTITUTATION)	TION, GIVE STREET		WN (If autside carparate lim	its, write RURAL	and give township)		
3	Johns Hopkins Hos	pital (D	OA_)		nore RESS (If rurol, give lacation) E. Madison St.	#5			
5. \$	EX 6. RACE		NEVER MARRIED	B. DATE OF BIRT	H 9. AGE (I	n years If Und	er 1 Yr. If Under 24 H		
	Male White	single		June 11					
dan	USUAL OCCUPATION (Give kind of work during most af working life, even if retired) NONE	none		Baltimo	ore, Maryland		ZEN OF AT COUNTRY?		
13.1	ATHER'S NAME			14. MOTHER'S M	ALDEN NAME				
	Roy Wiseman Sr.			Hilda	Lee				
	NAS DECEASED EVER IN U.S. ARMED , na ar unknawn), (If yes, give war or dote		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRE	SS		
	no		none	Roy Wis	seman Sr., Fath	er, above			
	DISEASE OR CONDITION DI LEADING TO DEATH (This daes not mean the made of heart failure, asthenio, etc. It means injury ar camplication which caused ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF A	d dying, e.g., s the disease, death.)		SE OF DEATH	Pneumonitis		INTERVAL BETWEEF ONSET AND DEAT		
CERTIFICATION	RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS		(C)						
FIC	TO THE DEATH BUT NOT RE	LATED TO TH			000000000000000000000000000000000000000		• • • • • • • • • • • • • • • • • • • •		
CERT	19A. DATE OF OPERATION 19B. CON	NDITION FOR W	HICH OPERATION	20 A. AUTOPSY	Yes ar Na) 208. IF YES, IN CERTIFYIN	WERE FINDINGS			
EDIC	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH,		LACE OF INJURY (e.g. farm, factory, street,		WHERE DID (If in Baltimore Y OCCUR?	City, give exact	lo cotian)		
Σ	21D TIME (Manth) (Day) (Year) (Haut) 21E. INJURY OCCURRED OF INJURY (APPROX.) WHILE AT NOT WHILE THE WORK AT WORK								
	22. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion								
	resulted from: Notural ca	uses X A	ccident Suici	ide Homic	ide Undetermine	d manner			
	1	16		CHIEF M	EDICAL EXAMINER		DATE SIGNED		
	SIGNATURE MICENA	9/2	M.	ASSISTANT M	EDICAL EXAMINER				
		r U. Spj		W 6	MEDICAL EXAMINER		8/6/67		
	BURIAL CREMATION, 238 DATE	230	. NAME of CEMETERY	or CREMATORY	23D. LOCATION	(City, town, or	county) (Stote)		
KE/	NOVAL (Specify) Burial 8/8/	1967	Baltimore Na	tional Cem	netery Balto	. Md.			

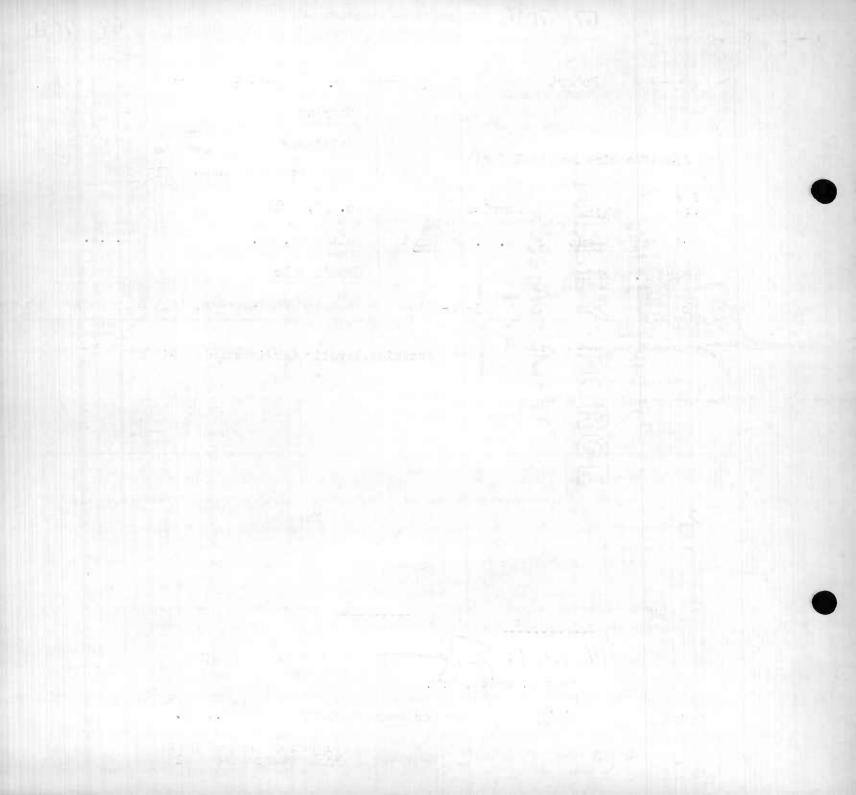
ADDRESS

240. FUNERAL DIRECTOR ADDRE Schimunek Funeral Home 2601-03-05 F. Madison Street #5

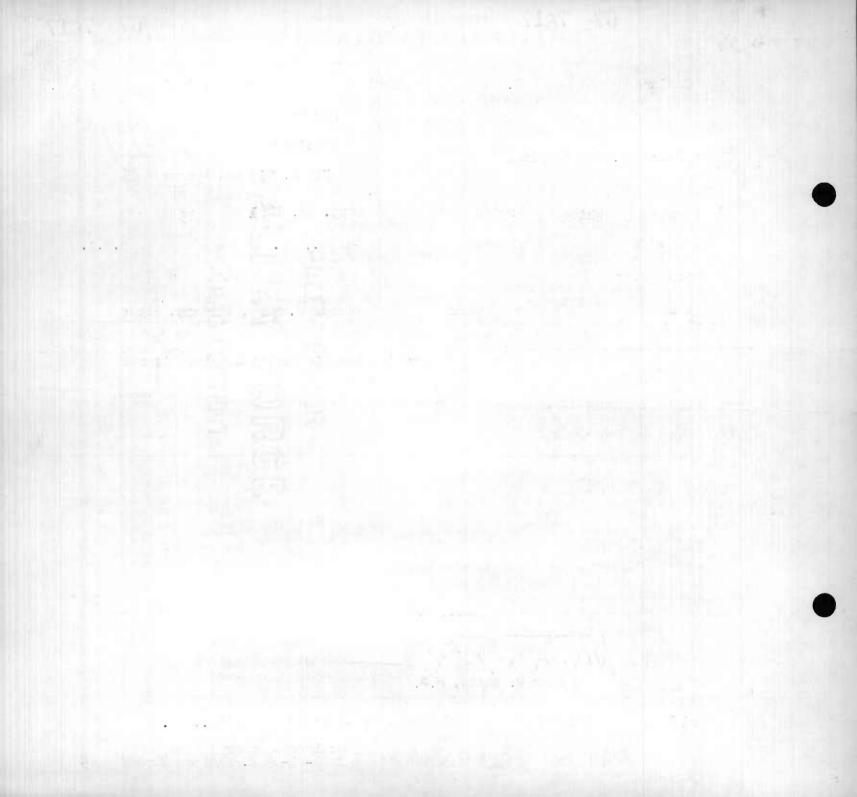


67 7616 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 7616

M.	E. CASE NO.						
1. 1	NAME OF DEC	EASED				2. DATE AND HOUR PRONOU	NCED DEAD
,	MELVIN	Robert		JENKI	NS Sr.	August 5, 196	7 10:30 A _M .
3, F	LACE IN BALTI	MORE, MARYLAND, W	HERE PRONOUNC	ED DEAD	4. USUAL RESID A, STATE Maryla	ENCE (Where deceased lived. If	institution: residence before admission) COUNTY
FUI	LL NAME OF	ADDRESS OR LOCA	AL OR INSTITUTION	N, GIVE STREET		VN (If outside corporate limits,	write RURAL and give township)
INS	NOITUTIT				Baltim	ore 2	1 -02
	Johns 1	Hopkins Hospi	ital (DOA)			RESS (If rurol, give location)	
0					3400 C	liftmont Avenue	#13
5, 5	EX	6. RACE	7. MARRIED, NEV		8. DATE OF BIRTI	H 9. AGE (In yellost birthdoy)	ors If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
,	Vala	White	Married		Dec. 31,		Nonms Doys Hours Nin.
10A		PATION (Give kind of work					12. CITIZEN OF
		orking life, even if retired) ate Ag ant	W. F.	Gebhardt	Baltimo	re, Md.	WHAT COUNTRY?
	FATHER'S NAM				14. MOTHER'S M		
	Robert E	. Jenkins			Sophia	Sulc	
15.	WAS DECEASED	EVER IN U.S. ARMED		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
res	no	(If yes, give wor or dote		36-6616	Robert	Jenkins, son, 4	523 Marx Avenue #6
_	18.	2.1.	C YO X	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DI	RECTLY				
	- 9	LEADING TO DEATH			osclerotic	Cardiovascular	Disease
	heort foilure,	ot mean the mode of osthenio, etc. It means application which caused	the discose,	DUE TO			
		NTECEDENT CAUSES OR CONDITIONS, IF A		(8)			
	RISE TO THE	ABOVE CAUSE (A) ST		DUE TO			
z	UNDERLIIN	G CONDITION LAST.		(C)			
은		11					
CERTIFICATION	TO THE	IFICANT CONDITIONS DEATH BUT NOT REI CONDITION CAUSING	LATED TO THE	14884400000888000000000	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
ERT		OPERATION 198, CON	DITION FOR WHI	CH OPERATION	20A. AUTOPSY	? (Yes or No) 208, IF YES, WER	
O	21	WAS PER	FORMED		Ye	IN CERTIFYING C	AUSES OF DEATH? Yes
MEDICAL	21 A. EXTERNAL UNDERLYING DUTING CAUS	OR CONTRIS-		CE OF INJURY (e.g., rm, foctory, street,		VHERE DID (If in Boltimore City OCCUR?	r, give exact location)
Σ	21 D TIME	(Month) (Doy) (Yeo	r) (Hour) 21E. I	NJURY OCCURRED	21F. H	OW DID INJURY OCCUR?	
	(APPROX.)		m. WHIL	E AT NOT	WHILE O		
	22.	ify that I held an I	nauiry 🗆 In	spection Au	topsy X one	that an this basis, death	In my aninian
			577				
	result	red from: Natural ca	uses A Acci	dent Suicid			inner
	ACTUAL	11/10	115	7,		EDICAL EXAMINER	DATE SIGNED
	SIGNATI	JRE JULYUS	20-1	M.D		EDICAL EXAMINER	8/6/67
	EXAMIN NAME (7	LOYSON OF	U. Spitz,	м.р.	ASSOCIATE M	EDICAL EXAMINER	0/0/0/
23△	. SURIAL CREA	AATION. 238. DATE		AME of CEMETERY	or CREMATORY	23D. LOCATION	City, town, or county) (Stote)
REA	MOVAL (Specify)	8/9/6	7 H	oly Redeeme	r Cemeter	y Balto., Md.	
		BY HEALTH DEPT.	248, NAME OF			AL DIRECTOR	ADDRESS
					Sahin	munek Funeral Hor	me
		AUG 9 1967	Mobert >	. Farber MA	3331	Brehms Lane #3	13



M.	E CASE NO.							
1. (Ty	NAME OF DEC	CEASED				2. DATE AND	HOUR PRONOUNCE	D DEAD
_	Pe BARBar		Ε.	HAF			st 6, 1967	6:35 A. M.
FU	LL NAME OF SPITAL OR TITUTION	(IF NOT II	LAND, WHERE PRONO N HOSPITAL OR INSTIT OR LOCATION)		A. STAT	Maryland	B. COU	RURAL and give township)
1	Johns	Hopkins	s Hospital		D. STREE	T ADDRESS (If rurol, gi 714 N. Linw		#5
5. 5	Female	6. RACE Whi	te Marri			t. 26, 1891	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
don	Housewif	yorking life, even		F BUSINESS OR INDUSTRY	Bal	to., Md.	country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
	FATHER'S NAM					ER'S MAIDEN NAME		
	Frank Gr					herine Neube	rt	
			ARMED FORCES?	16. SO CIAL SECURITY NO.	17. INFOR	MANT		ADDRESS
	no			none	Geo	rge J. Hart,	husband,	above
CERTIFICATION	(This does in heart failure, injury or care injury or the injury or care injury o	LEADING TO not mean the osthenia, etc. nplication which NYECEDENT OR CONDITIO E A80VE CAL NG CONDITIO III NIFICANT CON DEATH BUT R CONDITION	mode of dying, e.g., It means the disease, a coused death.) CAUSES ONS, IF ANY, GIVING ISE (A) STATING THE IN LAST. IDITIONS CONTRIBUT NOT RELATED TO CAUSING IT. 198. CONDITION FOR	(8)(C)		Otic Cardiov	B, 1F YES, WERE FIN	IDINGS CONSIDERED
	0		WAS PERFORMED			No	CERTIFYING CAUS	ES OF DEATH?
MEDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH. 21D TIME (Month) (Day) (Year) (Haur) 21E. INJURY OCCURRED					21C. WHERE DID (IF INJURY OCCUR?	in Boltimare City, giv	re exact location)
	(APPROX.)			WHILE AT NOT	WHILE			
	Certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinian resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner							
RE/	NAME () NAME () NOVAL (Specify urial	MATION, 23B		Holy Redeer			eation (City, Balto., Md.	tawn, ar county) (State)
	A. DATE REC'D			of REGISTRAR	24C.	FUNERAL DIRECTOR Chimunek Fun 601-03-05 E.	eral Home	address treey #5



VS 150-REV. 1/1/65

THE THE CHANGE MOTHER STATES more thefit wason some our Retillement Filled

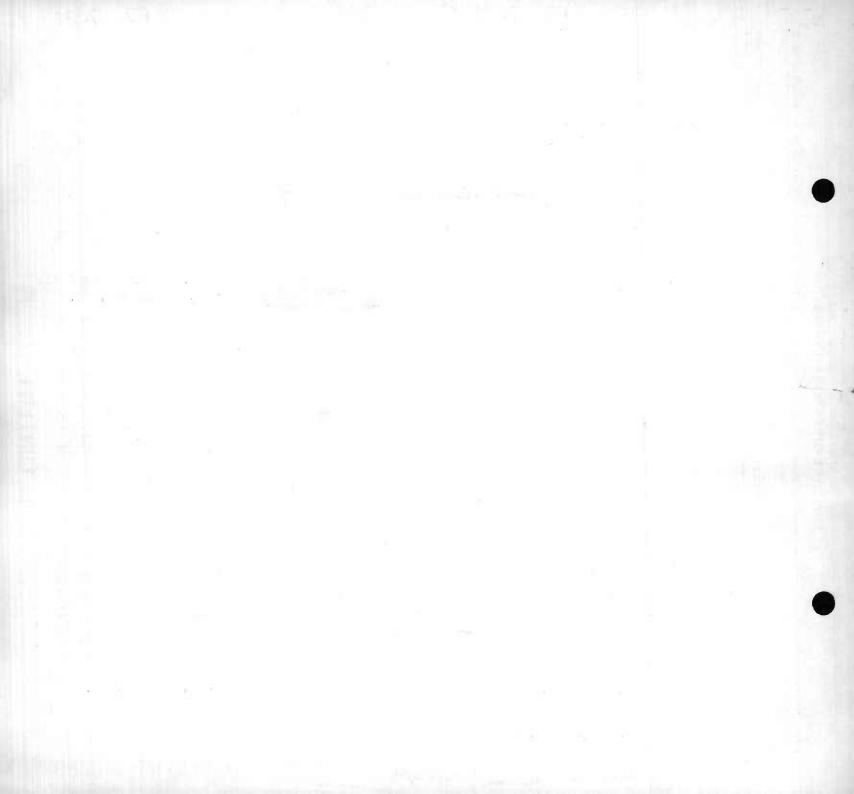
VS 150-REV. 1/1/65

Charge and the mark later with the 220 files ME TIEMPERAL HEY: TAL BALTIMES 241 WEST 240 211 WEST 24th STREET MALE WHITE MINERIED 10/20/84 77 YOUR AMERICA JIM THORN FOR SARAH ATNELL NE SIENO 1850 MILE & D. J. M. LEGEN SON . C. S. CO. C. unknown PARMINIA - INCH GARGEFUE (TOES) = 3 mostre DIABETES - MADINER 1/18/81 DIVELLIC CHIECOUR INO 12/8 67. × 8/3/67 DERIVET CAMPBELL DERMOT (AMPRIEL THE UNION MEMOCIAL MINES current pour acous continues

IMPORTANT

DIRECTOR:

MITTLE FOR M. etc. You May Tallowing Rogers of the Y 6-05 M BY - CHIERT WARE WARE BALTIMENE 3638 ELLTEND AVENUE BALLMONE, FICK 21218 18 -35/01/4 Frank Franciscon All Doubles 44513 CHIENELL & BURNING AZGG What was been been been too August St. Charles and August T PSC IN LL /\ 'F (- 'T) (

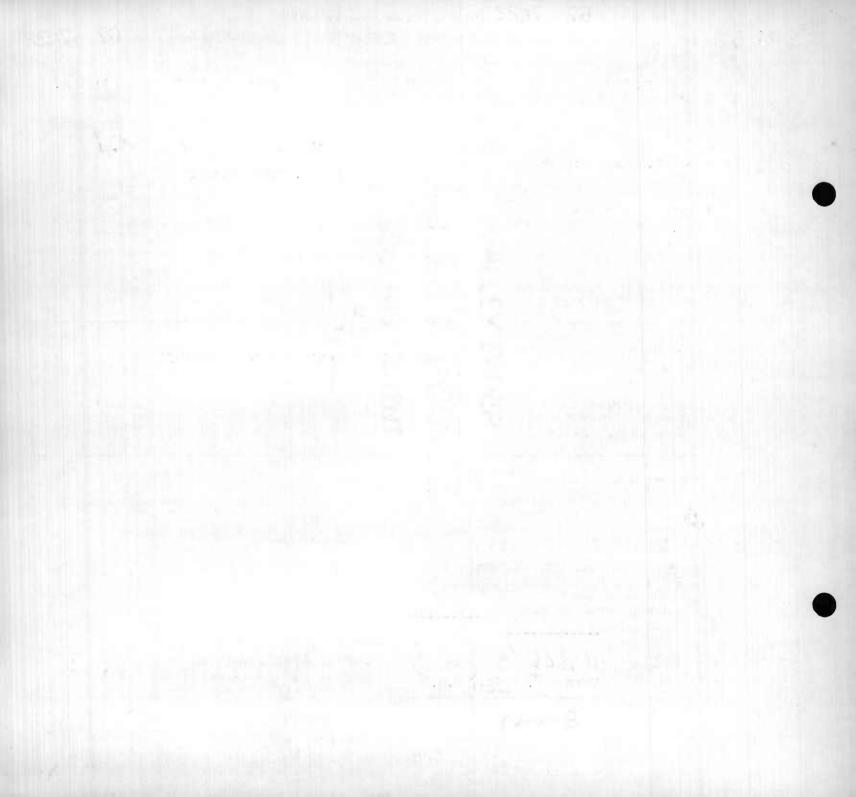


K-200

67. 7622 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 7622

M.E. CASE NO.				0.0.0
1. NAME OF DECEASED (Type of Print)		2. DA1	TE AND HOUR PRONOUNC	ED DEAD
WILLIAM	KEESEE		July 18, 1967	7:24 A.
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE () A. STATE Marylan	B. CO	stitution: residence before odmission) UNTY
HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET			e RURAL and give township)
ΙΝ ΣΠΤΟΤΙΟΝ		Baltimore	22	01
605 S. Sharp Street		D. STREET ADDRESS (I		
oos o. onarp ocreoe		605 S. S	harp Street	
5. SEX 6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
IDA. USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired)	TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give wor or date		17. INFORMANT		ADDRESS
OTHER SIGNIFICANT CONDITION STD THE DEATH BUT NOT RED DISEASE OR CONDITION CAUSING TO THE DISEASE OR CONDITION LAST.	dying e.g., the disease, death.) S NY, GIVING TATING THE (C)	osclerotic Ca	rdiovascular D	isease
TD THE DEATH BUT NOT RE				
19A. DATE OF OPERATION 19B. CON WAS PER		20A. AUTOPSY? (Yes o	IN CERTIFYING CAU	
QUADERLYING OR CONTRIB-	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE office bldg., INJURY OCCU	DID (If in Boltimore City, g JR?	ive exact location)
21D TIME (Month) (Doy) (Year (APPROX.)		21F. HOW DIE	O INJURY O CCUR?	
22. I certify that I held on I			on this basis, death in	my opinion
resulted from: Notural ca	uses X Accident Suicid	e Homicide	Undetermined monn	ier 🗌
ACTUAL SIGNATURE AUSTU	26- 5x 5 M.O	CHIEF MEDICA	L EXAMINER X	DATE SIGNED
NAME (Type)	U. Spitz, M.D.	ASSOCIATE MEDICA	AL EXAMINER DARD	7/18/67 OF MADVIAND
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME OF CEMETERY	UNIVE	RSITY MEDI	CAL SCHOOL
24A. DATE REC'D BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNERAL DIR	ECTOR	ADDRESS
AUG 9 1967	R. D. R. S. Fallenger	MOR:	ILLARY SERV	VICE BOHD



M.	E CASE NO.						
1. (Ty	NAME OF DECEASED	-				D HOUR PRONOUNCED DE	
	pe John	Ε.	BOOL			st 8, 1967	1:40 A. M.
	PLACE IN BALTIMORE, MAI	RYLAND, WHERE PRONOU	NCED DEAD	4. USUAL RESID	ENCE (Where land	deceased lived. If institution: B. COUNTY	residence before admission)
HO IN:	LL NAME OF (IF NOT ADDRESS STITUTION	IN HOSPITAL OR INSTITU S OR LOCATION)	TION, GIVE STREET		VN (If outside	corporate limits, write RUR/	L and give towaship)
Н	4 N. Fremont	Avenue		D. STREET ADDR		give location)	
1	20					nt Avenue	
5. 5	SEX 6. RACE		NEVER MARRIED	B. DATE OF BIRTH	1000	9. AGE (In years If U	Inder 1 Yr. If Under 24 Hrs.
I	Male Negro		ried	12/1/	1892	74	
10A	A. USUAL OCCUPATION (Give		BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	State or foreig	n country) 12.	CITIZEN OF MHAT COUNTRY?
1	Tanker ()	RT. Ilas	s El.	Va			USA
13.	FATHER'S NAME	-		14. MOTHER'S M.	AIDEN NAMI	- 1	THE TANK THE PARTY.
1	mby.	Jones		tre	ne	Donker	
	was Deceased Ever IN L s, no or unknown) (If yes, give		16. SOCIAL SECURITY NO.	17. INFORMANT	^	ADI	DRESS
*	no		213-05-667	9 Elis	000	cooper- 4 %	frement a
	1B. // 5 5 /		CAUS	OF DEATH			INTERVAL BETWEEN
	DISEASE OR CON	DITION DIRECTLY	A t				ONSET AND DEATH
	LEADING	TO DEATH	(A)	closclerot	c Card	iovascular Dise	ea s e
	(This does not mean the heart failure, asthenia, etciniury or complication whi	. It means the disease,	DUE TO	,			
	mory or complection will	icii coused deoiii.					
	ANTECEDEN		(B)	W			
	DISEASES OR CONDIT		DUE TO				•••••••••••••••••
_	UNDERLYING CONDIT		(6)				
Ó			()				
CERTIFICATION		ONDITIONS CONTRIBUTING NOT RELATED TO TH					*************************************
CERT	19A, DATE OF OPERATION		HICH OPERATION	20 A. AUTOPSY	? (Yes or No)	20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	
MEDICAL	21A, EXTERNAL CAUSE WALL UNDERLYING OR CONTRI	B- home,	LACE OF INJURY (e.g., form, foctory, street,	in or obout 21 C. W office bldg., INJURY	HERE DID OCCUR?	Off in Baltimore City, give exc	ct location)
Σ		Day) (Year) (Haur) 21	E. INJURY OCCURRED	21F. HC	N DID INJU	IRY OCCUR?	
	(APPROX.)		HILE AT NOT	WHILE			
	22.	m. W		VORK			
	I certify that I h		Inspection X Au	topsy ond	I that on thi	s bosis, deoth in my op	inlon
	resulted from:	atural causes A	cident Suicio	de Homici	de 📗 l	Indetermined manner	
				CHIEF MI	EDICAL EX	AMINER	DATE SIGNED
	SIGNATURE W						
	EXAMINER'S WE NAME (Type)	erner U. Spit	M.D.S	ASSISTANT MI			8/8/67
	A. BURIAL CREMATION, 23	B. DATE 230	NAME OF CEMETERY	or CREMATORY	23 D. L	OCATION (City, town,	, or county) (Stote)
KE	Sural (Specify)	8/12/67 3	3rd ibert	y Baptis	tn	ew Canto	n Va
24/	A. DATE REC'D BY HEALTH		OF REGISTRAR	24 FUNER	DIRECTOR		ADDRESS
	AUG 9	1967 Relieb	E. Farberna	VA	2000	1 K O S.	13-0x 2
NAC	151 Bell 1/3/15		7	Ju	neu	Nickar.	· Jaco.m
VS	151-REV. 1/1/65						

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IMPORTANI

DIRECTOR:

FUNERAL

before admission)

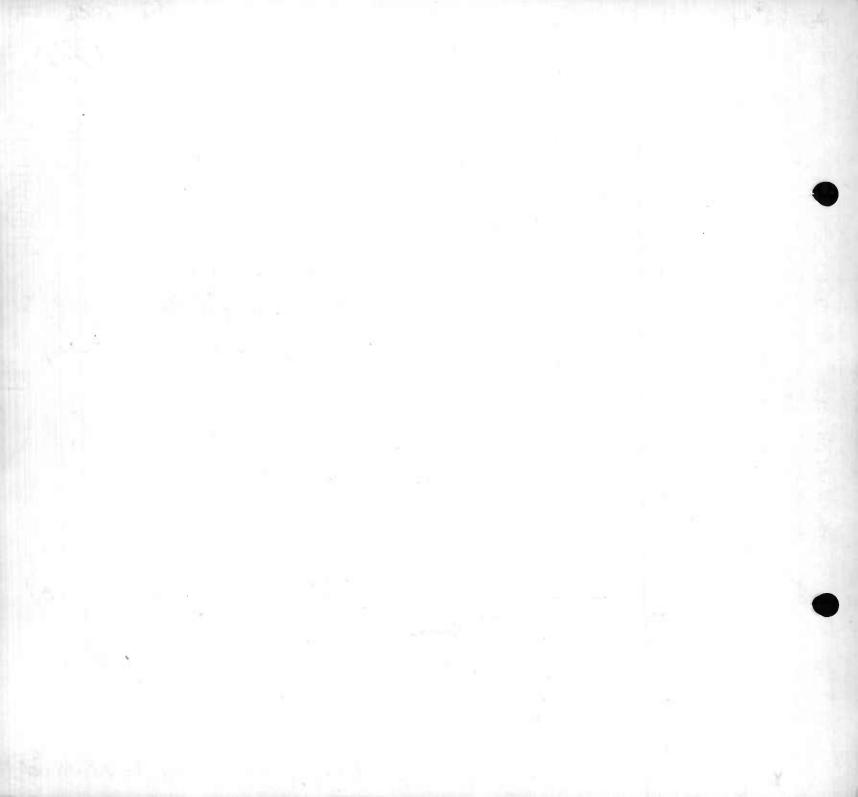
If Under 24 Hrs.

Hours

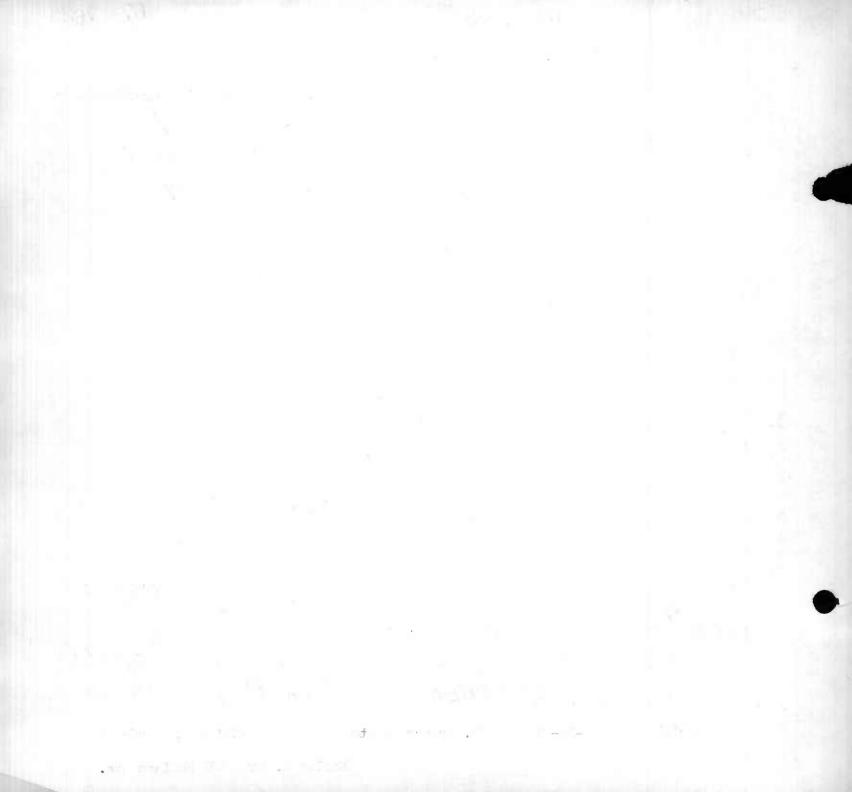
WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH



67	BALTIMORE CITY	HEALTH DEPARTMENT		67 7025			
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	01. 1620			
M.E. CASE NO. 1. NAME OF DECEASED			ND HOUR OF DEATH				
(Type or Print) THOMAS	J. SMITH	A	16. 7, 196	7 6:50 P			
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceosed lived. If in	stitution: residence before admission			
FILL MANE OF 115 and in London and in the		MD	Contraction of the second				
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location)	nution, give street	10000	uteide eity limite write l	RURAL and give township)			
INSTITUTION		RATED.	uiside city limits, write it	CORAL ond give township			
2 SINAI HOSP	OF BALTO	D. STREET ADDRESS (I	f rurol, give location)	0-01			
10/10/11 1/1001	OI DINIO	2307 11	NTER BOLL	DNE RP			
5. SEX 6. RACE 7. MA	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years				
M N wi	DOWED, DIVORCED (specify)	9/11/82	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.			
IGA. USUAL OCCUPATION (Give kind of work 108. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF			
	OST OFFICE	Baltimore	, md.	WHAT COUNTRY?			
13. FATHER'S NAME	44.1	14. MOTHER'S MAIDEN NA	ME				
Spauls (146	Onair r					
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS			
(Yes, no or unknown) (If yes, give wor or doles of se	ervice) SECURITY NO.	. O.1	1. 0 11	ADDRESS			
NO	213-36-1327	Stantey	M. Smith				
1B. 44 5 0, CI	CAUSE O	F DEATH		INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY			,	ONSET AND DEATH			
LEADING TO DEATH	(A) M	LMONARY L	MBOHISM				
(This daes not mean the made of dying heart failure, asthenia, etc. It means the d	, e.g., DUE TO			• • • • • • • • • • • • • • • • • • • •			
injury at camplication which caused death.			•				
ANTECEDENT CAUSES	(B)	RONCHOPNE	UMONIA				
DISEASES OR CONDITIONS, if any,	DUE TO		^ `				
rise to the obove cause (A) statin		NERALIZED /	JRTERIOSCLE	ROSGS			
UNDERLYING CONDITION last.							
11							
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING						
DISEASE OR CONDITION CAUSING IT.	IO THE						
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE F	INDINGS CONSIDERED			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	D.	YES	IN CERTIFYING CAL	JSES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	ffice bldg., INJURY OCCUR?					
U							
21D. TIME (Month) (Doy) (Year) (Hou		21F. HOW DID IN	JURY OCCUR?				
(APPROX.)	While At Not While At Work	e 🗌 ,					
7/1/2 0/-//2							
45	7/-	1/4/1/6/7	.19ta	8/2/6/119			
that (we) last saw the deceased aliv	46			nian death accurred an the da			
and haur and fram the causes stated ab	ave. (We) (did) did not)2v	iew the bady after death.					
23A. SIGNATURE	11	•		23B. DATE SIGNED			
Thurs & Co	elen M.D. Atte	ending Med. Director	Stoff Phys.	9/7/1/			
23C. PHYSICIAN'S		s. Director	rnys. Lief	4			
EDWARD R.	COHEN M.D.	SINAI K	tosp of	VAlto.			
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (Cit	y, lown, or county) (Stote)			
Burial 8-12-67	Mt. Abburn Cem	ohomr					
			Baltimore, M				
8116	AME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS			
AUG 9 1967 (R.)	Lee 15 E . Takey M.	Charles R. L	aw 802 Madi:	son Ave.			
VS 150-REV. 1/1/65							

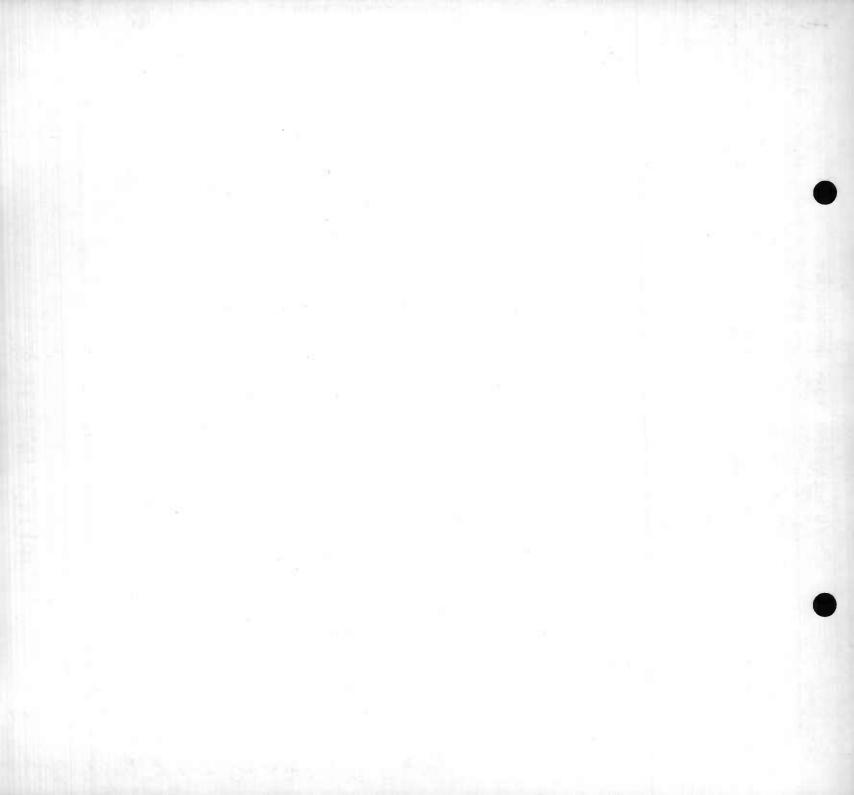


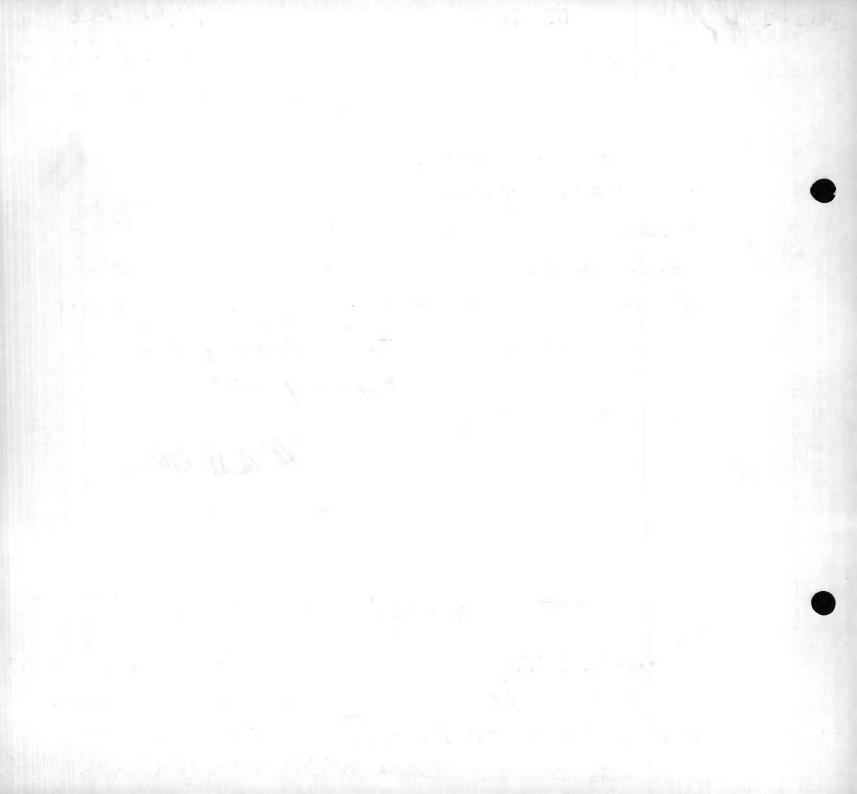
67	7026	BALTIMORE CI	TY HEALTH DEPARTMENT ATE OF DEATH		67. 7826
BIRTH NO.	,000	CERTIFIC	ATE OF DEATH	Registered No	(poo
I. NAME OF DECEASED			2. DATE A	ND HOUR OF DEATH	
Type of Print) SMITH,	ANNIE	R.	81	7/67 64	O ALM
PLACE OF DEATH IN BALTIMORE, MAR	YLAND	1 ("			titution: residence before odmission
			A. STATE B. COUL	NTY	
FULL NAME OF (If not in hospital a	r institution, give s	street	MARTLAND		D SPRING LANE 1
HOSPITAL OR oddress or location)			C. CITY OR TOWN (If or	utside city limits, write RI	URAL and give township)
SINAI HOSPITAL	nr		BALTIMOR	E	1103
			D. STREET ADDRESS (If	rural, give location)	
42 BALT	MORE		2114 E.	COLD SPRIN	VG LANE 14
SEX 6. RACE	7. MARRIED, NEV		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
FEMALE NEERO	MARI	VORCED (specify) RIGD	12/29/95	lost birthday!	Montals Doys Hours Mills
OA. USUAL OCCUPATION (Give kind of work)			RY 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF
done during most of working life, even if retired)			0 0		WHAT COUNTRY?
HOUSEWIFE			D.C		u.s.A
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
John Edward Rattley			Sarah Butle	er	
5. Was Deceased Ever in U. S. Armed Force	as? [16. 9	SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or dotes		SECURITY NO.		C-146 211/	E. Cold Spring
no			Dr. Albert A.	SHILLI - ZII4	E. Cold opling
1B.		CAUSE	OF DEATH		INTERVAL BETWEEN
underlying condition lost. II other significant conditions CC TO the Death but not relate	ONTRIBUTING	(C)			
DISEASE OR CONDITION CAUSING IT.					
WAS PERFO	ORMED OR		20A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	INDINGS CONSIDERED
		TRUCTION			
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, for	CE OF INJURY (e.g rm, foctory, street,	office bldg., INJURY OCCUR?	(If in Bottimore	City, give exact lacation)
Q 21D. TIME (Month) (Doy) (Year)	(Hour) 21E, 1NJU	URY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
S OF INJURY	While At	Not W	hile 🖂		
(APPROX)	Work	At Wo			
22. I certify that (I) (this haspital)	attended the de	eceosed from	8/12	19 6 7 to	8/7/1967
that ((1) (we) lost sow the deceased	l alive	8/2			
			ond t	hat in (my) (our) apin	ian death occurred on the c
and hour and from the couses state	ed obove (I) YW	e) (did) (dld not)) view the body after death.		
23A. SIGNATURE					23B. DATE SIGNED
Respon	vo C	M.D. 4	Attending Med.	Stoff Phys.	8 12/67
23 C. PHYSICIAN'S			hys. Director 23D. ADDRESS	rnys. Lag	3 / / / - /
NAME (Type)	0000			COLTOL	- BALTIMAN
PANAYIOTIS	C SPAr	VOZ M.	D. SINAI HO	SPITAL OF	DW-111110K
24A. BURIAL CREMATION, 24B. DATE	24C. NAME	of CEMETERY or	CREMATORY 24D.	LOCATION (Cit	y, lown, or county) (State
Burial 8-11-6	7 4-1-4	W	.3 .0 .		
		tus Memori		ltimore, Mary	7land
25A. DATE REC'D BAUGIS DE 1967	25 NAME OF BE	GISTAAR	25C, FUNERAL DIRECTO		ADDRESS
7 - 0 1001	MOCION C	- Mangey M	Charles R.	Law 802 Mad	son Ave.
V\$ 150-REV. 1/1/65					

The second section of the second

L	2501
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	or con Undeterras in re deceasition is
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing cshows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined causwas D.O.A. at a hospital (except where the physician who pronounced death was in regular attedeceased prior to death); and (6) No physician was in regular attendance on the deceased prior twitten approval must be obtained before the remains are embalmed or final disposition is made.
OR: IA	iner or ner. Als acture o pronou ular att
DIRECTO	al exami (3) A frian who s in regins are e
JNERAL D	chief medica y a medica Body burns the physici ysician wa
7	ospital by the atture; (2) pt where (6) No ph
	to the hof any ne all (except all be obtained)
	released accident a hospit r to deat
	ody was: (1) An c.O.A. at sed prior
	This cr the bo shows was D deceas

	67 7627	CERTIFI	CATE OF DEATH	Registered No	7627
M.E. CASE NO 1. NAME OF E (Type of Print)		S. LAGNA	2. DATE AND H	OUR OF DEATH	GA
. PLACE OF	DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where de	ceased lived. If instituti	on: residence before admission
FULL NAM HOSPITAL O	OR oddress or location	l or institution, give street	C. CITY OR TOWN () outside	city limits, write RURA	6-01 L and give township)
			BATTIMORE	give location)	
13 N.	CURley		13 N. CURle	y St.	
. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED specific		GE (In years If Mar	Under 1 Yr. If Under 24 h hths Doys Hours Min
one during mos	st of working life, even if retired)	rk 108, KIND OF BUSINESS OR INDL	USTRY 11. BIRTHPLACE (State or foreign of	9	CITIZEN OF WHAT COUNTRY?
3. FATHERS	NAME	DETH, STEET	14. MOTHERS MAIDEN NAME		
Jos	eph		MARIA AVA	TTA	
5. Was Decea les, no or unkn	used Ever in U.S. Armed Fo own) (If yes, give wor or do	tes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
ww-2		219-01-24	93 MARIELAGNA	13 N. Coi	
IB.	EASE OR CONDITION D		SE OF DEATH		ONSET AND DEATH
	LEADING TO DEATH		Careinama of	Luna	march 19
	s not mean the mode a ure, asthenia, etc. It mean		0		
injuly or	complication which cause	14.			
DISEASES	ANTECEDENT CAUSE	DUE TO	5	•	
rise to	OR CONDITIONS, if the above couse (A)			***********	க த்தைகள் கொள்ளத்த ஒரு நாஞ்சு கொள்ளுக்கு நிருகள் கால கொள்ளது.
UNDERLY	ING CONDITION lost.				
≥ TO THE	IGNIF) CANT CONDITIONS OF THE CONDITION OF THE CONDITION CAUSING	ATED TO THE			
	OF OPERATION 198. COL	NDITION FOR WHICH OPERATION		B. IF YES, WERE FINDS	NGS CONSIDERED OF DEATH?
U 21 A. ACC	IDENT WAS UNDERLYING	21B. PLACE OF INJURY (home, form, foctory, stre	(e.g., in or obout 21C. WHERE DID	(If in Boltimore City	, give exact location)
OR CONT	otify medical examiner	etc.)	or ones stage, mook occor.		
OR CONT	otify medical examiner) (Month) (Day) (Year)	etc.)		OCCUR?	
OR CONT	otify medical examiner) (Month) (Day) (Year)	etc.) (Hour) 21E INJURY OCCURRED While At Not		OCCUR?	
OR CONT DEATH (n. OF INJUR' (APPROX.)	otify medical examiner) (Month) (Day) (Yearly Y	etc.) (Hour) 21E INJURY OCCURRED While At Not Work At	D 21F. HOW DID INJURY		5 1967
OR CONT DEATH (n) 21D. TIME OF INJUR' (APPROX.) 22. I cert	otify medical examiner) (Month) (Day) (Yearly Y	etc.) (Hour) 21E. INJURY OCCURRED While At Not Work Not At	D 21F. HOW DID INJURY Work 10-3/	26.10 8-	
OR CONT DEATH (n) 21D. TIME OF INJUR' (APPROX.) 22. I cert that (I) (Y (Month) (Doy) (Year) tify that (1) (this hospita	etc.) (Hour) 21E. INJURY OCCURRED While At Not Work Not At	21F. HOW DID INJURY Work 10 -3/ 19 4	26.10 8-	
OR CONT DEATH (n) 21D. TIME OF INJUR (APPROX.) 22. I cert that (I) (Y (Month) (Doy) (Yearly tify that (1) (this hospita we) lost saw the deceas and from the couses sta	other of the deceased from the deceased of the	21F. HOW DID INJURY Work 10 -3/ 19 4	26to	
OR CONT DEATH (n. 21D. TIME OF INJUR (APPROX.) 22. I cert that (I) (n. 22)	Y (Month) (Doy) (Yearly tify that (1) (this hospita we) lost saw the deceas and from the couses sta	other of the deceased from the deceased of the	21F. HOW DID INJURY t While	26 to	deoth accurred on the
OR CONT DEATH (n DEATH (n DEATH (n DEATH (n OF INJUR (APPROX.) 22. I cert that (I) (n ond hour 23A. SIGN.	Y (Month) (Doy) (Yearly tify that (1) (this hospita we) lost saw the deceos and from the couses sta ATURE	other of the deceased from the	21F. HOW DID INJURY t While	26to	DATE SIGNED
OR CONT DEATH (n DEATH (n DEATH (n) DEATH (n)	tify that (1) (this hospite we) lost saw the decease and from the couses stature MILLIANS (Type)	etc.) (Hour) (Hour) (Hour) (While At Not At At At Not No	21F. HOW DID INJURY t While	26 to	DATE SIGNED S-7-67 M RC/ BCC/ wn, or county) (State)
OR CONT DEATH (n DEATH (n DEATH (n) DEATH (n) DEATH (n) DEATH (n) DEATH (n) DEATH (n) DEATH (n) (APPROX.) 22. I cert that (l) (n and hour 23A. SIGN. 23C. PHYS) NAM	tify that (1) (this hospital we) lost saw the decease and from the couses stature CCIAN'S E (Type) CREMATION, 24B. PATE AL (Specify) R	etc.) (Hour) (Hour) (Hour) (Hour) (While At Not Work (Mork (Not Work (Not Not Not At	21F. HOW DID INJURY t While	26 to	DATE SIGNED S-7-67 M RC/ BCC/ wn, or county) (Stor
OR CONT DEATH (n DEATH (n DEATH (n DEATH (n DEATH (n DEATH (n) DEATH (n) DEATH (n) DEATH (n) (APPROX.) 22. I cert that (l) (n ond hour 23A. SIGN. 23C. PHYS) NAM	tify that (1) (this hospitowe) lost saw the deceos and from the couses stower to the triangle of trian	oted above. (I) (We) (did) (did noted above.)	21F. HOW DID INJURY t While	26 to	DATE SIGNED S-7-67 M RC/ BCC wn, or county) (State





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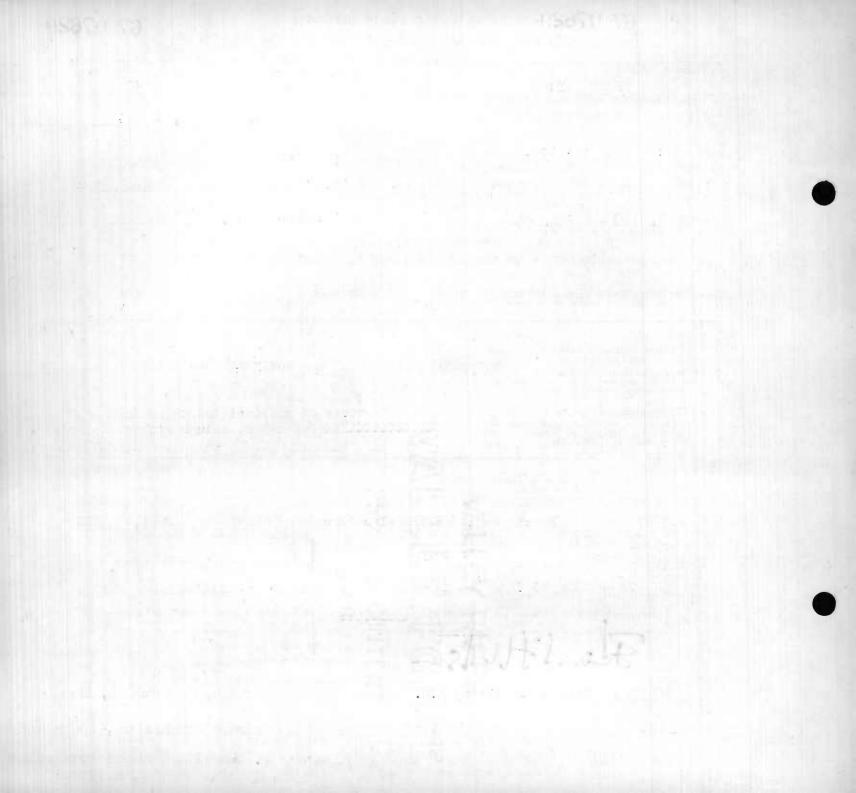
VS 151-REV. 1/1/6B

67 07629 BALTIMORE CITY HEALTH DEPARTMENT

67 07629

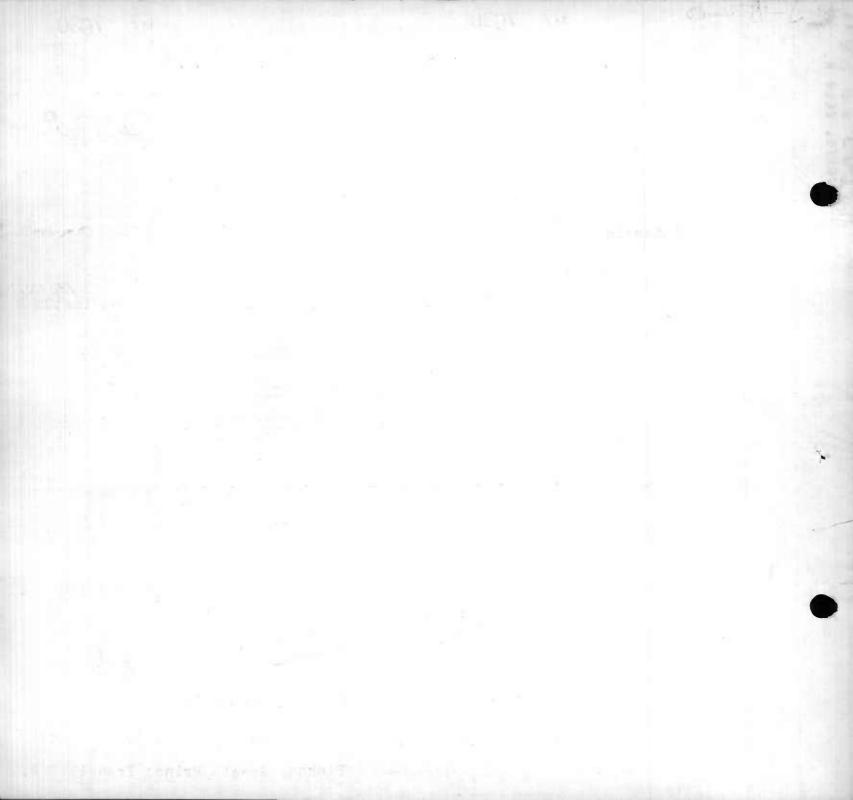
Maryland

DIE	MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.
	NAME OF DECEASED	2. DATE Known X Month Day Year Hour
	Pe or Print) FRED RICE	OF Estimated D 9 / 67
4	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy Year Hour
FUI	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD August 4, 1967
OR	INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
16	University Hospital	Maryland
6.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	fale Colored WIDOWED DIVORCED	Prince Frederick YES NO X
	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min. 55	Prince Frederick, Maryland
11.	BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
	.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
dan	eduring most of warking life, even if retired)	
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na ar unknawn) (If yes, give wor or dotes af service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
L	19. 702 31 CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-	DISEASE OR CONDITION DIRECTLY	
	LEADING TO DEATH (A) IMMEDIATE C	
	(This does not meon the mode of dying, e.g., DUE TO, OR / hept follure, osthenio, etc. It meons the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
	injuly of complication which coosed deam.)	
	ANTECEDENT CAUSES (B)	racture of cervical and thoracic
		XXXXXXX vertebral column with paraplegia
Z	UNDERLYING CONDITION LAST. (C)	***************************************
임	11	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
보	DISEASE OR CONDITION GIVEN IN PART 1 (A).	AC REPEOPMEN
E S	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
	1 0/1/0/ 1 Pracinces of Vertebra	
EDICAL	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., home, form, foctory, street, affice the property of th	in ar obaut 22C. WHERE DID (If in Boltimore City, give exact lacotian) e bldg., etc.) INJURY OCCUR?
Σ	22D. TIME (Month) (Doy) (Yeor) (Haur) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?
	(ADDROV) 7 21 C7 0 WHILE AL FT NOT	WHILE Fell from building
	23.	
	_	tapsy and that on this basis, death in my opinian
	resulted from Natural causes Accident N Suicid	
	ACTUAL SC DA A A A A A A A A A A A A A A A A A A	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE	ASSISTANT MEDICAL EXAMINER X
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
2.4	NAME (Type) Edward F. Wilson, M.D. A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, ar county) (State)
	MOVAL (Specify)	
	Burial	Prince Frederick, Maryland
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	AUG 9 1967 WILL TE Janker	Pinkney E. Sewell, Prince Frederic



Come of the A.	ath accurred in a haspital and r contributing cause of death determined cause; (5) Deceased in regular attendance on the secased prior to death. Such ion is made.
IMPORTANT	ar his assistant if de Also, if the direct or e of any kind; (4) Un naunced death was attendance on the med or final disposi
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner ar his assistant if death accurred in a haspital and the bady was released to the hospital by a medical examiner. Also, if the direct ar contributing cause af death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pranaunced death was in regular attendance on the deceased prior to death); and (6) Na physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate muthe bady was relessons: (1) An accivas D.O.A. at a hadceased prior to written approval

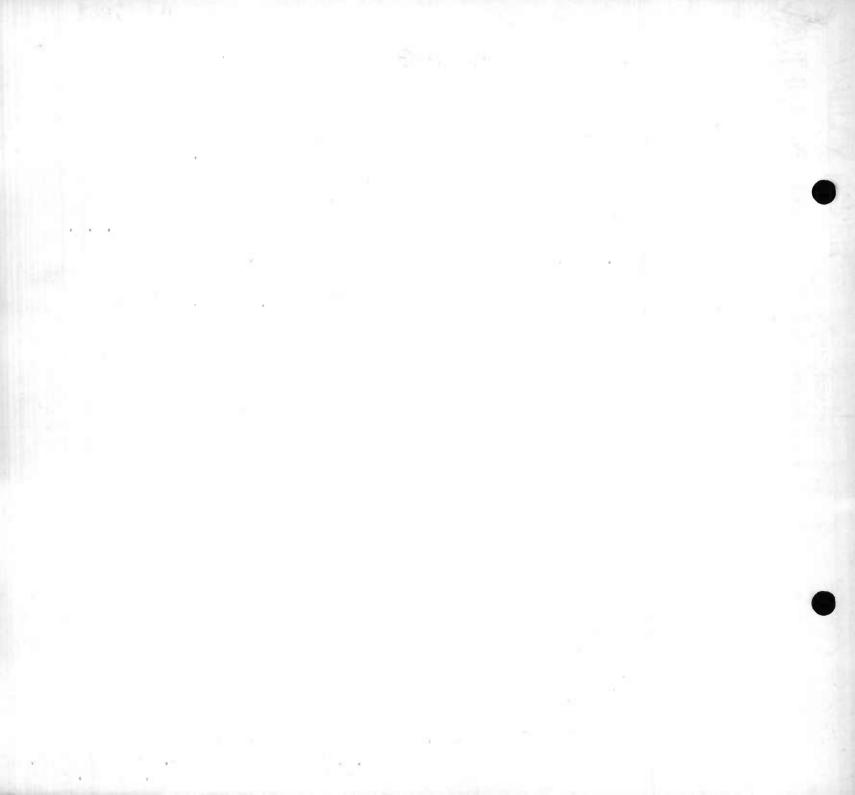
	AME OF DECEASED o or Print) JONES, ELLA MAE	2			45 AM 8,3,67	
3. P	LACE OF DEATH IN BALTIMORE, MARY	YLAND		4. USUAL RESIDENCE (Wh	ere deceased lived, II institu NTY	tion; residence belare admissio
F	ULL NAME OF (If not in haspital or	r institution,	give street	MARYLAND		X
	OSPITAL OR oddress or location)			C. CITY OR TOWN (If o	utside city limits, write RUP	AL ord give township)
1000	JOHNS HOPKINS HOSPIT	TAT	pr with	BALTIMORE D. STREET ADDRESS (II	rural, give location)	d) - J.
	Journal Horking Hobris	. 23.23			BANKS ROAD	21225
5. S	EX 6. RACE 7			B. DATE OF BIRTH	9. AGE (In years I If	Under 1 Yr If Under 24 H
F	EMALE NEGRO	MARE	O, DIVORCED (specify)	4-7-21	lost birthdoy) M	onths Doys Hours Min.
IÓA.	USUAL OCCUPATION (Give kind of work)	OB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	2. CITIZEN OF WHAT COUNTRY?
oone	Domestic			Maryland		WHAT COUNTRY?
13. [FATHERS NAME			14. MOTHERS MAIDEN NA	AME	
	JOSEPH GARDNER			EDITH F	ISHER	
5. V	Was Deceased Ever in U. S. Armed Force ,no or unknown) (If yes, give wor or dotes	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 130 170
	, , , , , , , , , , , , , , , , , , ,	01 361¥10€/	219-16-728	32 Pinknev	Garner 1211	WoodingtOn
	18./ 70 X I		CAUSE OF			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRE	CTLY				ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of c	dvina e.a.	DUE TO	POVOLEMIC SHOC	K	12 hours
	hearl failure, asthenia, etc. Il means Il	he diseose,	501.10			
1	inuity of complication which coursed d					
	ANTECEDENT CAUSES	death.)		UTE GI HEMORRH	AGE	2 days
	ANTECEDENT CAUSES		(B) AC	UTE GI HEMORRH	AGE	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or rise to the above cause (A) s	ny, giving	DUE TO	UTE GI HEMORRH ASTATIC CARCIN	***************************************	2 days 2 years
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or rise to the above cause (A) is UNDERLYING CONDITION lost.	ny, giving	DUE TO		***************************************	
NO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or rise to the above cause (A) s UNDERLYING CONDITION lost.	ny, giving stoling the	C) MET		***************************************	***************************************
ATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or rise to the above cause (A) sunderlying Condition lost. 11 OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	ny, giving stoling the DNTRIBUTING	OUE TO (C) MET		***************************************	
TIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or rise to the above cause (A) sunderlying Condition lost. 11 OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	ny, giving stoling the DNTRIBUTING ED TO TH	C) MET		OMA OF BREAST	2 years
L CERTIF	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or rise to the above cause (A) is underlying condition lost. II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITIONS CONDITIONS CONDITION CAUSING IT.	ny, giving stoling the DNTRIBUTING FOR TO THE DRIVED FOR TO THE DRIVED FOR THE DR	OUE TO (C) MET GE WHICH OPERATION PLACE OF INJURY (e.g., in e., form, foctory, street, off	ASTATIC CARCIN	OMA OF BREAST ON 208. IF YES, WERE FINE IN CERTIFYING CAUSE:	2 years
DICAL CERTIF	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or rise to the above cause (A) sunderlying condition lost. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ny, giving stoling the DNTRIBUTING FOR VOTAL home etc.	OUE TO (C) MET GE WHICH OPERATION PLACE OF INJURY (e.g., in e., form, foctory, street, off	ASTATIC CARCIN	OMA OF BREAST O) 208. IF YES, WERE FINE IN CERTIFYING CAUSE: (II in Boltimore Ci	2 years
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FULL NAME OF (If not in hospito oddress or locoti	ol or institution, (give street	Maryland	tside city limits, write RI	(A) and give township)
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4		NEW AND AND ADDRESS OF THE PARTY OF THE PART	-		
F 6. RACE	WIDOWE	NEVER MARRIED D. DIVORCED (specify)	2/15/1880		onths Doys Hours Min
OA, USUAL OCCUPATION (Give kind of working life, even if retired)		BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own H	Tome	Maryland		U.S.A.
3. FATHER'S NAME	0 1112 1	101/10	14. MOTHER'S MAIDEN NA	ME	0,0,11,
Daniel S. Green	L		Ida E	• McDona	ld
5. Was Deceased Ever in U. S. Anned F. Tes,no arunknown) (If yes, give war ar da	orces? otes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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18.			OF DEATH	D 231012)	INTERVAL BETWEEN
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		e, farm, factory, street,	office bldg., 21C. WHERE DID	(If in Boltimore C	ity, give exact location)
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that (1) (Ne) last saw the deceas	sed alive on) (Mg) (did) (did not)	319 and the view the bady after death.	at in(my) (out) apinio	
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	or Print)	EASED				AND HOUR OF DEATH	
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IN	STITUTION T	eterans	s of locotion) B Administr	ation Hospital	C. CITY OR TOWN (IF Oxford	outside city limits, write RL	JRAL ond give township)
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SE	x Male	6. RACE White	WID	RIED, NEVER MARRIED OWED, DIVORCED (specify) Married	8. DATE OF BIRTH 1/31/18	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 I Months Doys Hours Min
		UPATION (Give		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
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es,	no or unknown Yes	5/11/	Armed Forces? wor of doles of served. 43 - 4/19/	16. SOCIAL SECURITY NO. 185-01-7737	VAH Records	, Baltimore, 1	ADDRESS 1d 21218
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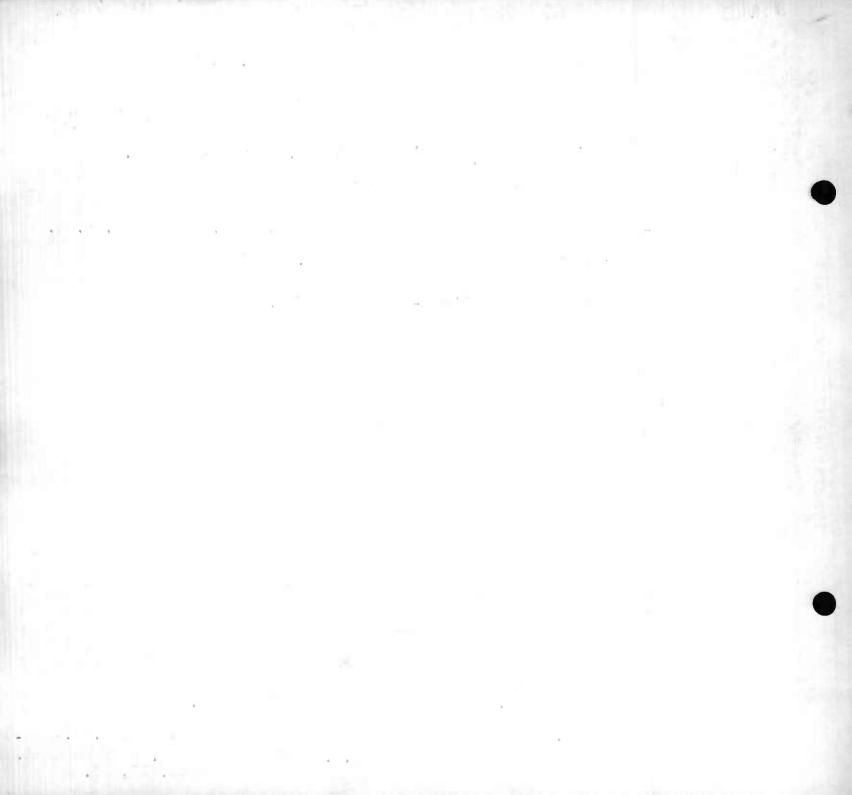
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TONERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital a the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of dea	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceas	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. So written approval must be obtained before the remains are embalmed or final disposition is made.	1
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	67	7634 CEPTIFICA	THEALIH DEPARTMENT	Registered Na.	07. 7634
M.E. CASE NO	o	CERTIFICA	TE OF DEATH		
(Type or Print)				AND HOUR OF DEATH	X
1	Allen DEATH IN BALTIMORE, MAR	Schwarz	At Usual assistance (W	ug. 7, 1967	nstitution: residence before admissio
3. PLACE OF	DEATH IN BALTIMORE, MAK	TLAND	A. STATE B. CO	UNTY	nstitution: tesidence before odmissio
FULL NAM		r institution, give street	Maryland		
HOSPITAL O			C. CITY OR TOWN (IF	outside city limits, write,	RURAL and give township)
00			Baltimor	(Il rurol, give location)	4 41
00	100 W. Uni	versity Pkwy.		niversity I	Ole er
5. SEX	6. RACE	APT 8c	B. DATE OF BIRTH	9. AGE (In veors	If Under 1 Yr., If Under 24 H
		WIDOWED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
M	W SCHRATION (Sive hind of week)	Never Married 108, KIND OF BUSINESS OR INDUSTRY	1/26/1880	87	12, CITIZEN OF
	t of working life, even if retired)	iob, kind of bosiness or industri	11. BIRTHEACE (SIDE OF	oreign coontry/	WHAT COUNTRY?
	d-Broker	Investment	Baltimore,		U. S. A.
13. FATHER'S	NAME		14. MOTHERS MAIDEN	IAME	
Willi	iam Schwarz		Mary E. Sh	eeler	
	sed Ever in U. S. Armed Forc		17. INFORMANT		ADDRESS
No	o min in yes, give wer or soles		William B.	Macombon	(Same)
1B.	211	CAUSEO		Macomber	INTERVAL BETWEEN
DIS	EASE OR CONDITION DIRE			0 //	ONSET AND DEATH
Dis	LEADING TO DEATH		oronary	OCKLUMA.	M)
	s nat mean the made of				
	ne, asthenia, etc. It means camplication which caused		/.		
	ANTECEDENT CAUSES	(B)			
DISCASS		DUE TO			
	OR CONDITIONS, if a the abave cause (A)				
	ING CONDITION last.				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		1-1	1)		
	GNIFICANT CONDITIONS CO		1 Makon	410	
DISEASE	OR CONDITION CAUSING IT	00100	asecero		
E 19A. DATE	OF OPERATION 198. CONE	OTTON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED
E C			1 1015 111150 010		
OR CONTI	RIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o			re City, give exoct locotion!
DEATH (no	otify medical examiner)	etc.)			
OF INJURY		(Hour 21E. INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	
(APPROX.)		White At Not White Work At Work			
22 4			7775	/10	11100 3 000
		attended the deceased fram	(6)	ta	19
	we) last saw the deceased				inian death accurred an the
and hou	and from the causes state	above. (1) (Ho) (did) (did not)	view the bady after deat	h.	
28A. 519N	ATURE) 4				23 B. DATE SIGNED
	117014	S M.D. Att. Phy	ending Med.	Stoff Phys.	august 9, 196
23C. PHYSI		april 1	23D. ADDRESS	,	Cangarat 1, 176
NAM	E (Typel	// MR			
24A Brintal	Willia		5006 Rol		26.
24A. BURIAL O	L (Specify)	24C. NAME of CEMETERY OF CR			City, town, or county) (State
Buria	al 8/10/19	67 Druid Ridge	P	ikesville,	Balto.Co., Mc
25A. DATE RE	C'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	H.W. JANKEN	S & Sons C	o. 4905 York Ro
	AUG 9 1967	Robert E. Farberta	TI . TO OILLIAM		12. Md.
VS 150-REV. 1			<u> </u>	Dallo	. LC PULL

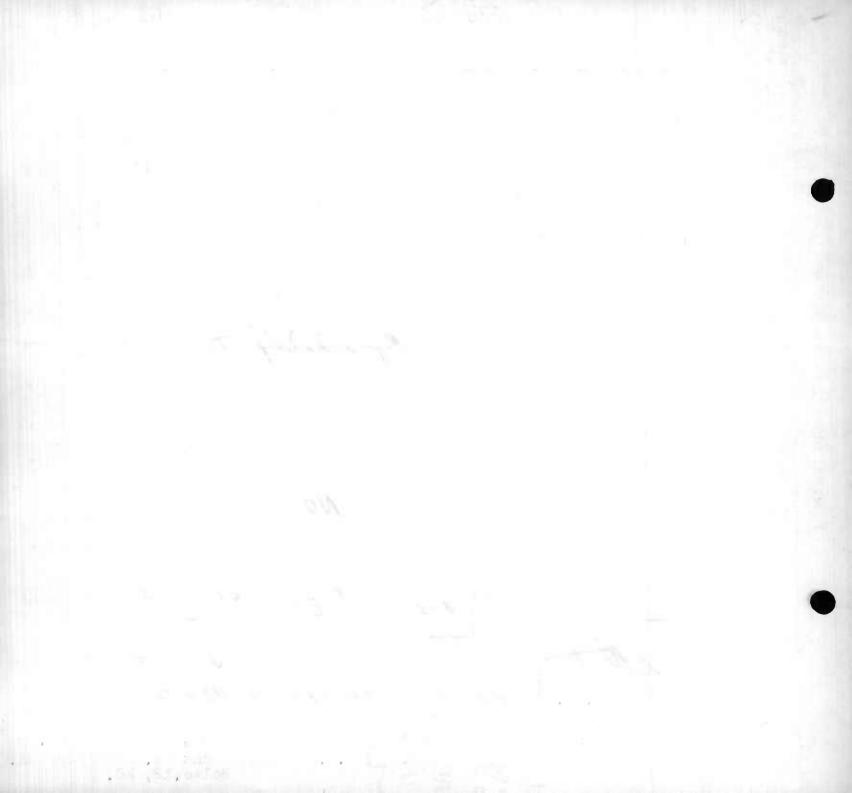


BALTIMORE CITY HEALTH DEPARTMENT

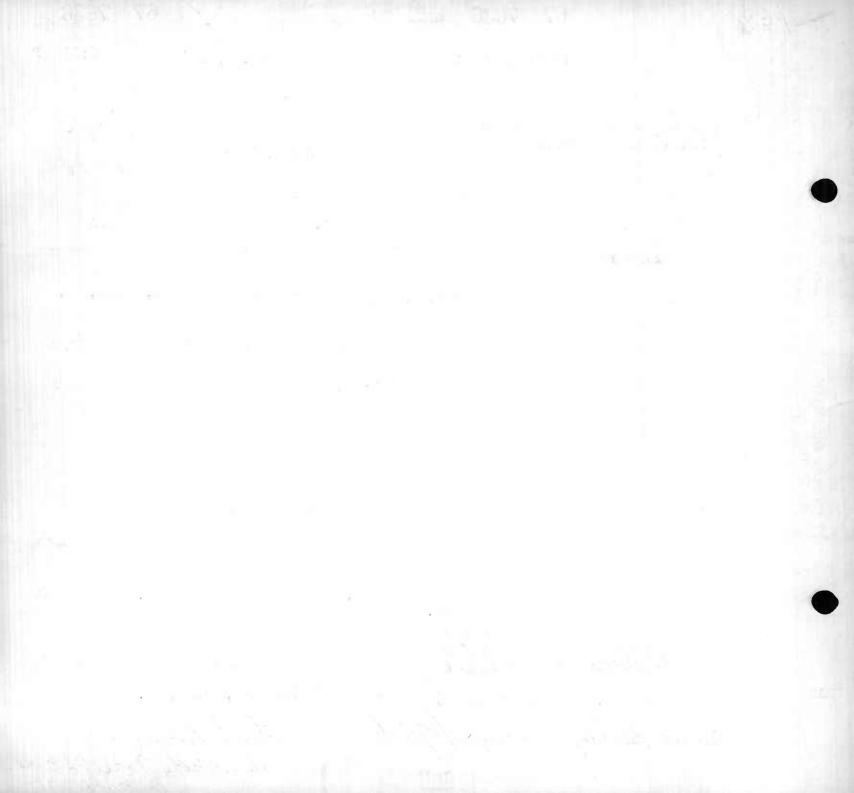
IMPORTANT DIRECTOR: FUNERAL approved

V\$ 150-REV. 1/1/65

_	(If outside city limits, with	RURAL and give township)
D. STREET ADDRESS	(If rurol, give location)	77-08
	blewood Rd.	OatA
B. DATE OF BIRTH 1/31/09	9. AGE (In years lost birthdoy)	Munder 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
RISFIELD MICH	L.	USA
14. MOTHER'S MAIDEN	NAME	
Chra -	moore	County County
17. INFORMANT		ADDRESS
(Chart)	CHARLES H	STERLING (SAME
F DEATH ocardald	Spector 8	INTERVAL BETWEEN ONSET AND DEATH
	,	
	000000040000000000000000000000000000000	
20 A. AUTOPSY? (Yes	oi No) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED
NO	IN CERTIFYING C.	AUSES OF DEATH?
or obout 21C. WHERE Difice bldg., INJURY OCCU	ID (If in Boltimo	re City, give exoct locotion)
21F. HOW DIE	INJURY OCCUR?	
8-5	19 6 7 ta	8-5 1967.
19 6 7 ar	nd that in (my) (aur) op	inian death occurred an the date
iew the bady after de	ath.	
	/	23B, DATE SIGNED
mding Med. Director [Stoff Phys.	8.5-67
23 D. ADDRESS	1/0.0.	-14
UNIVERSI		
MATORY 2	D. LOCATION	City, town, or county) (Stote)
	Crisfield,	Nd.
H.W. Jenk	ins & Sons (Co. 4905 York Rd.
	DA J. 60	12, Md.



Such		AME OF DEC	Laura Eliz	abeth H	affer		E AND HOUR OF DEATH Aug. 7, 1967		6:38 P
	F	ULL NAME O	ATH IN BALTIMORE, M.	or institution,	give sheet	4. USUAL RESIDENCE A. STATE B. C	(Where deceased lived. If i	nstitution; residence	ce before admission)
)	OU		oddress or locoti	vice Ho	spital		(If outside city limits, write; Royal (If rurol, give locotion)	RURAL and give	township)
1	03	TOO MAI	an Park Driv	e			. 15th Street		
	5. SI	F	6. RACE	WIDOWE	NEVER MARRIED D, DIVORCED (specify) Single	6/21/43	9. AGE (In years lost birthday)	If Under 1 Yr. Months Doys	
	done	Secret	working life, even if retired) Cary	k 108, KIND O	F BUSINESS OR INDUSTRY	Va.	r loreign country)	12. CITIZEN O	DUNTRY?
	13.	Carl H				14. MOTHERS MAIDEN Helen (
-	15. V (Yes.	vas Deceased no or unknown NO	Ever in U. S. Armed For Off yes, give wor or do	ices? es of service)	16. SOCIAL SECURITY NO. 223-62-559	17. INFORMANT Records- U	S PHS Hospita	al, Balto	
,			SE OR CONDITION D	DECTLY	CAUSE O	F DEATH	HE WINDS		VAL BETWEEN T AND DEATH
			LEADING TO DEATH		10/		ricular cerebi	ral	Days
		heart failure, injury or com	ool meon the mode o osthenio, etc. It meon apticotion which couse	s the diseose d deoth.)		hemorrhage ute myelogeno	us leukemia		Weeks
Ì		DISEASES C	ANTECEDENT CAUSE OR CONDITIONS, if e obove couse (A) G CONDITION lost.	ony, giving	DUE TO				
	ATION	TO THE D	II IFICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING	ATED TO TI	HE				
	ERTIE			RFORMED		yes	yes	AUSES OF DEATH	1?
	CALC	OR CONTRIBL	NT WAS UNDERLYING JTING CAUSE OF medical examine)	ho etc	B. PLACE OF INJURY (e.g., i me, form, foctory, street, o :.)	ffice bldg., INJURY OCCU	R?	re City, give exoc	of locotion)
	MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	w	E. INJURY OCCURRED hile At Not While At Work	e	NJURY OCCUR?		
		22. I certify	that (1)/(this haspite	l) ottended	the deceosed from	Aug. 7	19 67 10	Aug. 7	19.67
	1 1				Aug . 7			inion deoth oc	curred on the dot
		W.	Eleum L	Will	11.	ending Med.	Stoff Phys.	23B, DATE SIG 8/8	NED 8/67
		Vill	iam L. Wilki	e, Surge		US PHS Hos	pital, Balto,	Md.	
	Re	REMOVAL (MATION, 24B. DATE Spacily) Shally		Sul Keil	MATORY 2	The Roy	Laf V	A - (Stote)
	25A	DATE REC'D	AUG 9 1967	P. D.	OF REGISTRAR	Um - 5	CTOR Sons		SPA. Que
1	VS	50-REV. 1/1/	65					Balto	MA 9/2/7



IMPORTANT

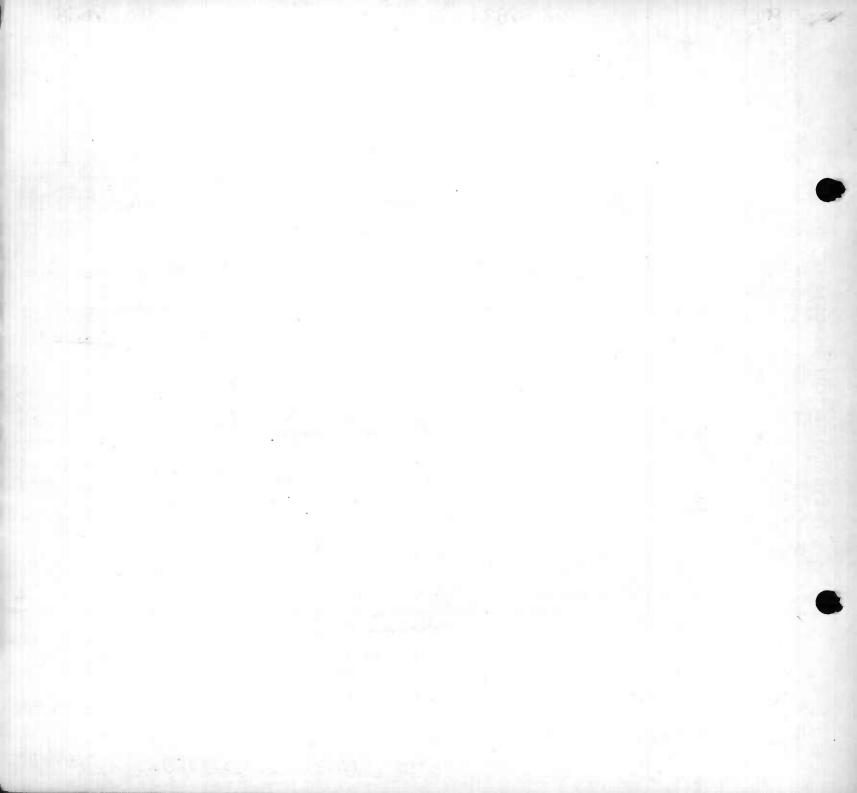
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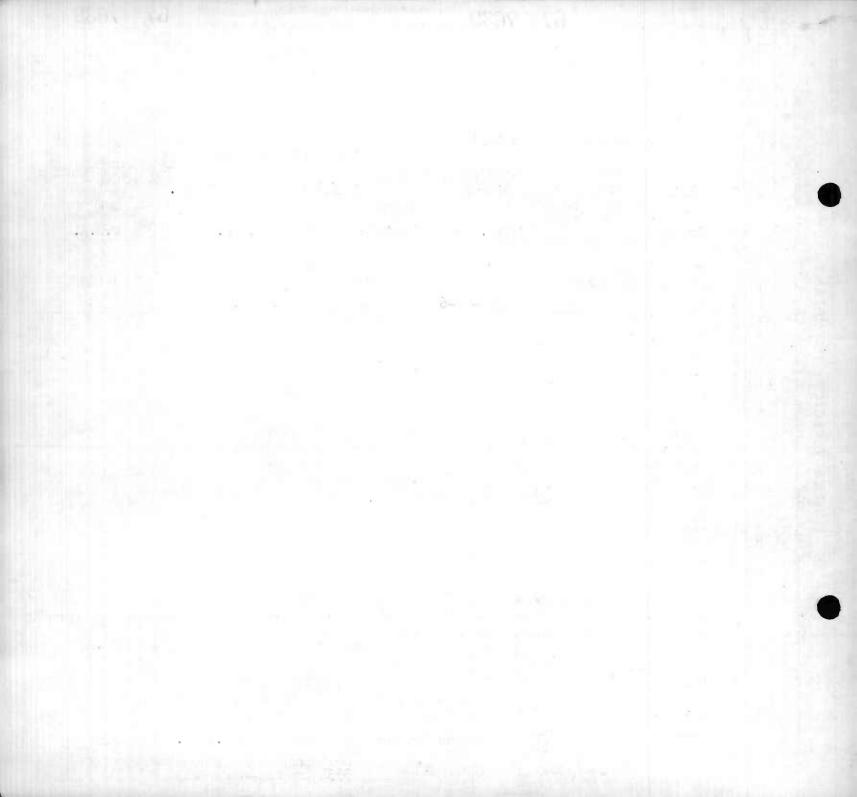
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THE THE PARTY OF T

	CMY MY	BALTIMORE CITY	HEALTH DEPARTMENT	X	en moss
BIRT		638 CERTIFICA	TE OF DEATH	Registered No	07 7638
1. N	AME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	10
	e or Print) SNYDER, BABY G	IRL	Aug	7.67	19/00
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND			re deceased lived. If ins	titution: residence before odmissio
			M = 1/1 = 1	211	mare.
H	ULL NAME OF (If not in hospital or institution oddress or location)	tion, give street	C. CITY OR TOWN (II OU	The last the same of the same	DRAL ond give township)
	VINION MEMORIAL HOS	DITAL	Baltimora	11	
	ZINION MEMORIAL HOS	111111		rurol, give focotion)	
	1-1-		263 4 Virgini	a Ave.	00-90
5. S	EX 6. RACE 7. MAR	RIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Ho Months Doys Hours Min,
	9 white	OWED, DIVORCED (specify)	8/6/67	lost birthdoyl	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
done	during most of working life, even if retired)		ZIMOMMENORIA	HOSP	WHAT COUNTRY?
13. 1	FATHER'S NAME		14. MOTHER'S MAIDEN NA	MF	(11/)
		CALV-NEO	2 /1		
	11R. LORAINE R.		Porothy So	412220	
5. Yes	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give war or dates of serv	rice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Charl		
	18.	CAUSE O	F DEATH Pramatici	tu - 1960 gm	S INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		11 Emillor	X	ONSET AND DEATH
	LEADING TO DEATH	(A) X		1892	where of the
	(This does not mean the made of dying,				
	heart failure, asthenia, etc. II means the dis- injury or complication which caused death.)	edse,		- 100	
	ANTECEDENT CAUSES	(B)		NUM I	
	DISEASES OR CONDITIONS, if any, a	DUE TO		V	
	rise to the abave cause (A) stating		704	racior (
	UNDERLYING CONDITION last.	13	remaine of		
7	II and the second	1		- , ,	5)
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING THE	111000 C 1111	consolidati	in he newm
AT	DISEASE OR CONDITION CAUSING IT.	1 000			
TIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSYTTE OF No	IN CERTIFYING CAN	NDINGS CONSIDERED
ER	2) A A CODENT WAS UNDERLYING	218 BLACE OF INITION/ '	VILO		
7	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(II In Boltimore	City, give exact location)
O	DEATH Inotify medical examiner)	etc.)		- (/	
-	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
S	(APPROX.)	While At Not Whi			
	22 1 (1) (1) 1 1		Λ	19 69 to Bu	0 7 10 47
	22. I certify that (I) (this hospital) attend	Anna . W	11 / 1		9 19.6.7
	that (I) (we) lost sow the deceased alive	on Arcy	19.6.7 and th	not in (my) (aur) apiri	ion death occurred on the d
	ond haur ond fram the couses stated abo	ve. (I) (We) (did (did mat)	view the bady ofter deoth.		
	23A. SIGNATURE				23B, DATE SIGNED
	Tawe &	Mun Sh.D. Att	ending Med. Director	Stoff Phy s.	Aug 7,67
	23C. PHYSICIAN'S		23D. ADDRESS	CHARLES	1
	NAME (Type)	VUEHARA M.D.	ZIMON NE	MORIAL	HOP.
244	BURIAL CREMATION, 248, DATE	C. NAME of CEMETERY OF CR			y, town, or county) (State)
2-975	REMOVAL (Specify)	CO. IN AIVIE OF CEIVIETERS OF CR	24U, L	CATION (CIT	, lowit, or coomy, (state)
,	Burial 8/9/6) /	neadowride y C	emetery Do.	rsey Mbr	1/and
25 A	DATE REC'D BY HEACH OFF 967 258 NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	2 1 1	ADDRESS
	.00.	very C. Varber M.D.	ambuse Ir	-13288 uls	has Sy. Pel.
_	150-REV. 1/1/65				



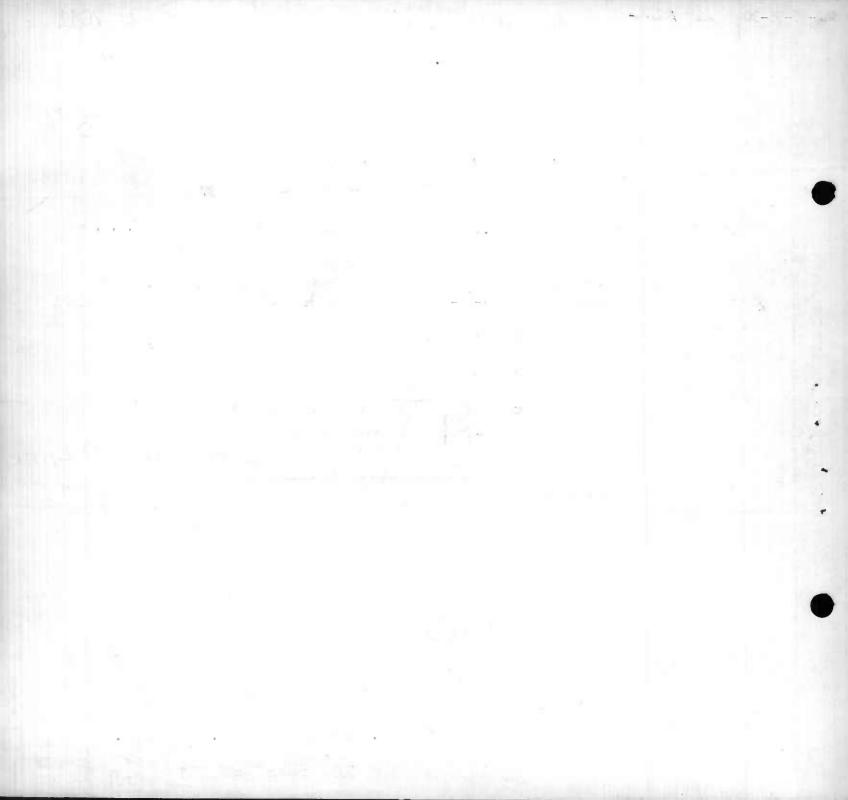
	CITY	7639 BALTIMORE CIT	Y HEALTH DEPARTMENT	67	7639		
BIRTH NO. M.E. CASE NO.	67.	CERTIFICA	ATE OF DEATH	Registered No.	, 7000		
T. NAME OF DE		Nichel	2. DATE AN	D HOUR OF DEATH	12:30P		
PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street			4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admissi A. STATE B. COUNTY Maryland				
HOSPITAL OF INSTITUTION	ryland General		C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location)				
48			3000 McElderry				
male	6. RACE white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED	3/28/85	ost birthday) OZ YTS.	Under 1 Yr. If Under 24 Hours Min.		
	CUPATION (Give kind of world of working life, even if retired)	Balto. Gas & Elect			U.S.A.		
3. FATHER'S No	AME	Daloo das de Electo		14. MOTHER'S MAIDEN NAME			
Frank N	ickel		Frances Kouni	rad			
5. Was Deceas	ed Ever in U. S. Armed For wn)(If yes, give war ar date		17. INFORMANT		ADDRESS		
no	763, give wor or dore	212-07-6104	John Nickel, so	on, above			
1B. DISE	ASE OR CONDITION DI		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
Dise	LEADING TO DEATH	(A) Ay	Veriosclendic Cardio	vascular Directo	Syean		
	not meen the mode of e, osthenio, etc. It meens	dying, e.g., DUE TO					
	omplication which coused						
	ANTECEDENT CAUSES	(B) Due to		***************************************			
	OR CONDITIONS, if the obove couse (A)						
	NG CONDITION Iosi.	(0)					
E TO THE	CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING	ATED TO THE	ric Nephreti.	ſ	2 years		
19A. DATE		IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
OR CONTR	DENT WAS UNDERLYING DENTING CAUSE OF hily medical examiner	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location), office bldg., INJURY OCCUR?				
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED While At Work At Work		URY OCCUR?			
22. 1 certi	fy that (I) (this hospita	I) attended the deceased from		9 to Au	ans) 8 1965		
	a) last saw the decease	A 2	((1)		n death accurred on the d		
		ted above. (1) (We) (did) (did not)	view the body after death.	22	B, DATE SIGNED		
23A. SIGNA	og M		Med. Director	Stoff Phy s.	Ave. 8,67		
23 CPHYSIC NAME	Type Loy /	1 Zimmerman M.	D. 3202 Harrer	of Rd. Ball	Timore, Md.		
Burial	REMATION, 248. DATE	7 Bohemian Nation		alto., Md.	own, or county) (State		
	AUG 10 1967	25B. NAME OF REGISTRAR Place & Farber M.	25C. FUNERAL DIRECTOR	neral Home	ADDRESS		
VE 150 BEV 1/	710 4 100:	100000	Dreimis -	Lane #13			



BIRTH NO.	6'	/ /b/311	ATE OF DEATH	Registered Na.	67 7640		
M.E. CASE NO		CERTIFICA					
Tunn on Drinkl	OUNCAN MACKINNO	ON		67 1:30 AM			
	DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where	e deceased lived. If in	stitution: residence before odmissio		
			A. STATE B. COUNT	TY			
HOSPITAL O	R oddress or locotic	or institution, give street	Maryland c. city or town (If outs				
Johns H	opkins Hospita	7		side city limits, write	RURAL and give lown hip)		
OOTHID 8	mbyrus noshres	3.1	Baltimme D. STREET ADDRESS (If r	urol, give location)	//		
33			1 54 O N C		#13		
- SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr., If Under 24 H		
7.0	W	WIDOWED, DIVORCED (specify)		ast birthday)	Months Doys Hours Min.		
DA, USUAL OC		Married	6-8-12 Y 11, BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF		
			D-7-12		WHAT COUNTRY?		
_	s, cashier red	cently Garage	Baltimore, M		U.S.A.		
3. FATHER'S N		27.1	14. MOTHER'S MAIDEN NAM	A E			
	Duncun Mac	Kinnon	Edith				
. Was Deceas	ed Ever in U. S. Armed Fo		17. INFORMANT		ADDRESS		
no	while yes, give wor or don	31 2-07-0717	Maniotta C M	looVinnon	rifo chara		
1B. , /			Marietta C. M	ackrimon,			
4	ACC ON FOUNDITION OF		OF DEATH		ONSET AND DEATH		
DISE	ASE OR CONDITION DI LEADING TO DEATH		Anata Tarbanian	3/5	T 2 - + 70 1		
(This does	nal mean the mode of	f dying, e.g., (A)	Acute Interior	Myocardial	Infarct 53 day		
	e, osthenia, etc. It meons						
injury or c	ANTECEDENT CAUSES		Coronary artery	disease			
		DUE TO			***************************************		
	OR CONDITIONS, if the obove cause (A)		Generalized arte	ringolernei	C		
	NG CONDITION last.	Jonny 1110		I TOBOTOL OPT	1		
	11						
OTHER SIG	NIFICANT CONDITIONS						
DISEASE C	R CONDITION CAUSING	IT. Pneum	onitis				
	OF OPERATION 198. CON	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE	FINDINGS CONSIDERED		
			NO	ST CERTIFIENG CA	OJES OF DEATH!		
OR CONTR	DENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21C. WHERE DID	(If in Boltimore	City, give exact location)		
DEATH (not	tify medical examiner	etc.)	S. S				
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?			
OF INJURY		While At Not Wh	While At Not While				
		Work At Work		67			
22. I certi	fy that (I) (this haspita	I) ottended the deceosed fram	Aug. 1	9 67 to Aug	9 19 67		
that (I) (w	e) last saw the decease	ed alive an Aug. 9	19 67 and the	t in(my) (aur) api	nian death accurred an the de		
and hour a	and from the causes sta	ited abave. (I) (We) (did) (did nat)	view the bady after death.				
23A. SIGNATURE			238. DATE SIGNED				
/	710 R Q		tending Med.	Stoff Phys.	2/9/17		
23C.PHYSIC	CIANS	Ph	ys. Director 1	rnys. T	0/1/0/		
NAME	(Type) Allen B.	Kaiser		opkins Hosp	ital		
14 0115111							
REMOVAL	REMATION, 248. DATE	24C. NAME of CEMETERY OF CI	REMATORY 24D. LO	CATION (Ci	ty, town, or county) (State)		
T3 0 m							
Burial		Holy Redeemer Co	emetery B	alto. Md.			
		Holy Redeemer Co	25C. FUNERAL DIRECTOR	alto., Md.	ADDRESS		
			25C. FUNERAL DIRECTOR	eral Home	ADDRESS		

alle B. Fan

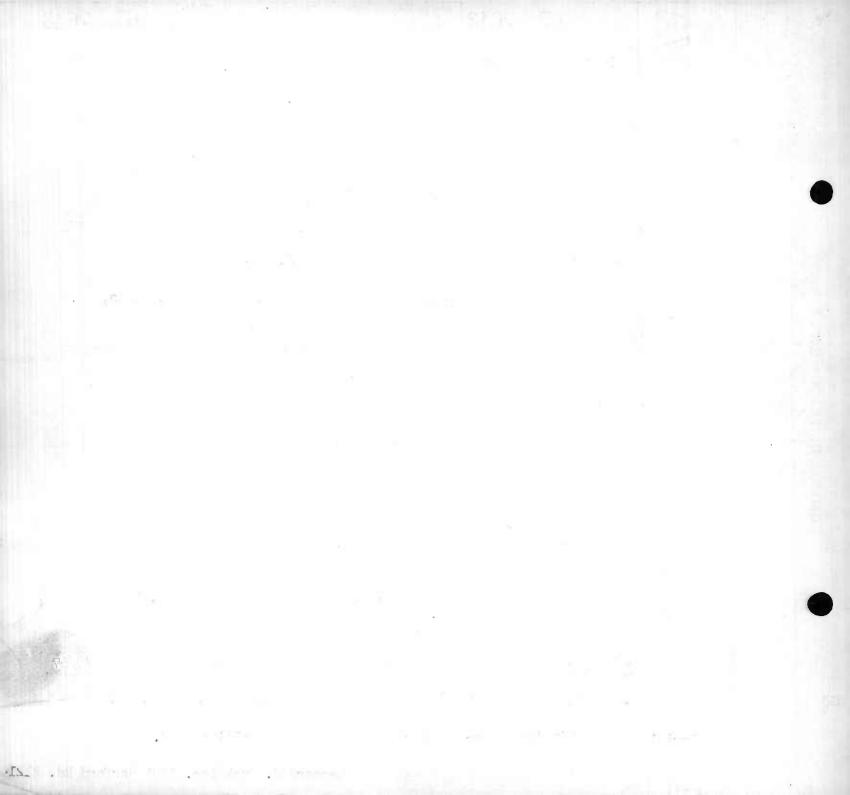
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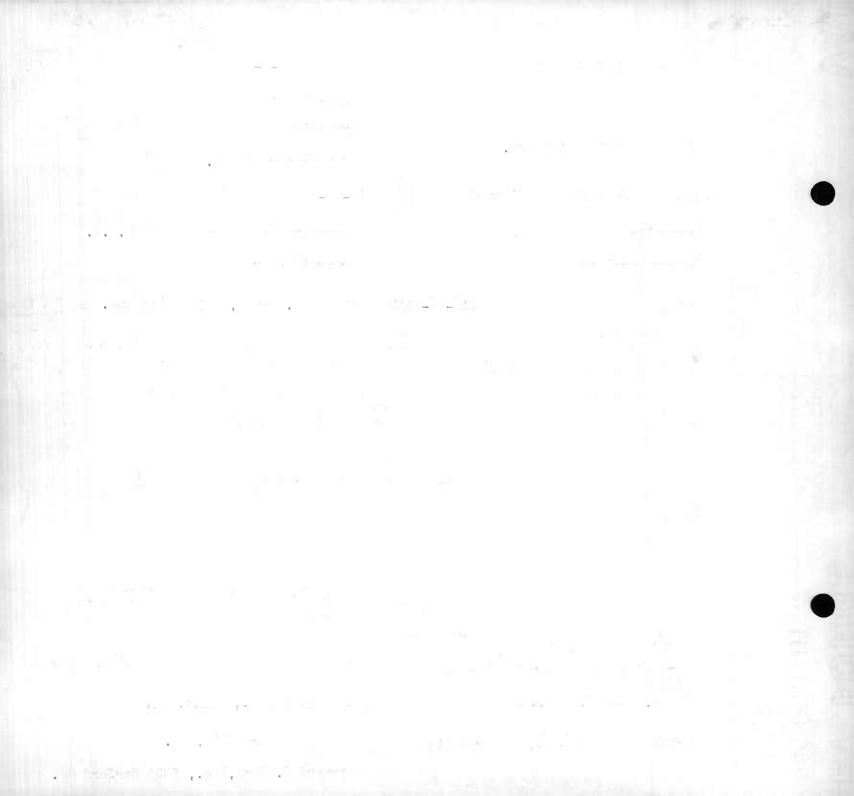


BIRT	H NO.	67	7	642 CERTIFICA	TE OF DE	TMENT	Registered No.	67	7642	
1, N.	CASE NO.	CEA SEDA			CIE OI DE	2. DATE A	ND HOUR OF DEATH			
Тур	e or Print)	Polette "	val.	SA	4 1 1 1 2 2 2	ling	. 8, 196	7	10.22	A.M
. P	LACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESID	B. COU	ere deceased lived, if i		residence before adn	
FULL NAME OF (If not in hospital or institution, give street				MARYLAND						
	HOSPITAL OR oddress or location)				C. CITY OR TOW	VN (If o	utside city limits, write	RURALPOR	nd give lownship)	
	, 4	Church Isn	nea	(00 pilas		I HORE		1	00	
-	35				D. STREET ADDRESS (If rurol, give locotion) 641 BARTLETT AVE. #18					
. S	EX	6. RACE	7. MARI	RIED, NEVER MARRIED	8. DATE OF BIRTI		Q AGE (In years	If Und	er 1 Yr. If Under	24 Hrs.
7	Emale	Caucasian	WIDO	idowed 7, 4 (9-11-1	_	lost binhdo	Months	Doys Hours	Min.
		WATION (Give kind of work working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or tor	eign coun fi	12. CIT	TZEN OF HAT COUNTRY?	
7	ELEPHO ATHERS NA	ONE OPERAT	on I	Diamond Cab Co.	BALTI HORE MARYLAND U.S.A.					
					14. MOTHER'S M	AIDEN NA	KWE			
	Juliu	s WESS			MARY 8	BURNS			-	
		d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ter		ADDRESS	
	no	, , , , , , , , , , , , , , , , , , ,		217-01-6628 A	MARY	KELL	Y E	41 8	BARTLETT !	40E
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E	21 A. ACCIDI	ENT WAS UNDERLYING	1	21B. PLACE OF INJURY (e.g., i	in or about 21 C. Wh	IERE DID	(tf in Boltimo	e City, oi	ve exact location)	
	OR CONTRIBUTING CAUSE OF home form factory street				in or about 21 C. WHERE DID (If in Boltimore City, give exact location) office bldgs, INJURY OCCUR?					
	21 D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRED	21 F. HO	W DID IN	JURY OCCUR?			
2	(APPROX)			While At Work Not Whi At Work	le 🗌					
	22 gastife	v that (1) (this hospital) attend	ed the deceosed from		9:30	19 67 to A	16 8	(10:20 10	67
	that (I) (we) last saw the decease	d alive				hat in (my) (our) op			
	ond hour or	nd from the couses stat	ed obov	e. (I) (We) (dld) (did not)	view the body of	ter deoth				
	Corazon 2. Vingara M.D. Alle Phys						23 B, DA	TE SIGNED		
	Co	prazon L. N	inga	75 M.D. All Phy	ending M	ed. rector	Staff Phys.	6	ing 8, 1	967
	23C. PHYSICI NAME (COR	AN'S Type)	IERG		CHURCH	HE	sue à Hose	TAL	9	
4 A	BURIAL CR	EMATION, 248. DATE		C. NAME of CEMETERY of CR	EMATORY	24D.	BROAD WAY	ily, lown.	or county) (Stote)
-	removal			New Cathedral			Balto., Md.			
		AUG I 0 1967	25B. NA	ME OF REGISTRAN	Schimun	L DIRECTO	neral Home		ADDRESS	
		-300	100	ma -,,	3331 Br	eums a	naue "T?			

Commercial Street & Street TT Founds Consorious

VS 150-REV. 1/1/65





Type or Print)	KILGOUR, Geor	7. 7645 CERTIFICA	2. DATE AN	ust 5, 196	
PLACE OF	DEATH IN BALTIMORE, M.	ARYLAND	4. USUAL RESIDENCE (Whe	re deceased lived. II	institution: residence before odmis
			A. STATE B. COUN	IΤΥ	
HOSPITAL C	R oddress or locotic		District of Co		e RURAL ond give township)
INSTITUTION	Accelents would	inistration Hospital		iside city illinis, will	e KOKAL ONG GIVE IOWNSHIP!
27		ven Boulevard	Washington D. STREET ADDRESS (If	rural, give location)	V - 70
1/	Bal timore, M	aryland 21218	3731 Harrison	St. N.W.	
, SEX	6. RACE	7. MARRIED, NEVER MARRIED	P DATE OF BIRTH IQ AGE (In woods		If Under 1 Yr. If Under 24 Months: Doys Hours M
Male	Caucasian	WIDOWED, DIVORCED (specify)	8-1-93	tost birthdoyl	Months Doys Hours M
		THE TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
ione during most	of working life, even if retired)	***************************************	Virginia		U. S. A.
3. FATHER'S N	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	WOODON Self	14. MOTHER'S MAIDEN NA	MF	0. D. H.
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	ERDAN KILGOUR	11.6.22		LIE LESLIE	
Yes, no or unkno	wn) (It yes, give wor or do	tes of service) SECURITY NO.	17. INFORMANT Record		ADDRESS
Yes	10-13-18 to	1-15-19 217-54-9831	Veterans Adminis	stration Ho	sp.,Balto.,Md.212
1B.	2 2 VI	CAUSE C	F DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION D				ONSET AND DEATH
	LEADING TO DEATH	(A)	UMONIA	-vaaaaaaaaaa oo oo soo o aaaaaaaaaaaaaa	3 DAYS
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	s not mean the made o re, asthenia, etc. It meon				
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(continued to the second c Bell H * *

RESIDENCE (Where deceosed lived. If institution: residence before odmission)
8. COUNTY (If outside city limits, write RURAL and give township) If Under 1 Yr. 12. CITIZEN OF WHAT COUNTRY? U.S.A. RECORDS-WILKENS 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that in (our) opinion death occurred on the date 23 B, DATE SIGNED AUGUST 7. deceased paritten ap (City, town, or county) Maruland Was ESTATE 736 Edm. Av. VS 150-REV. 1/1/65

If Under 24 Hrs.

Hours

ADDRESS

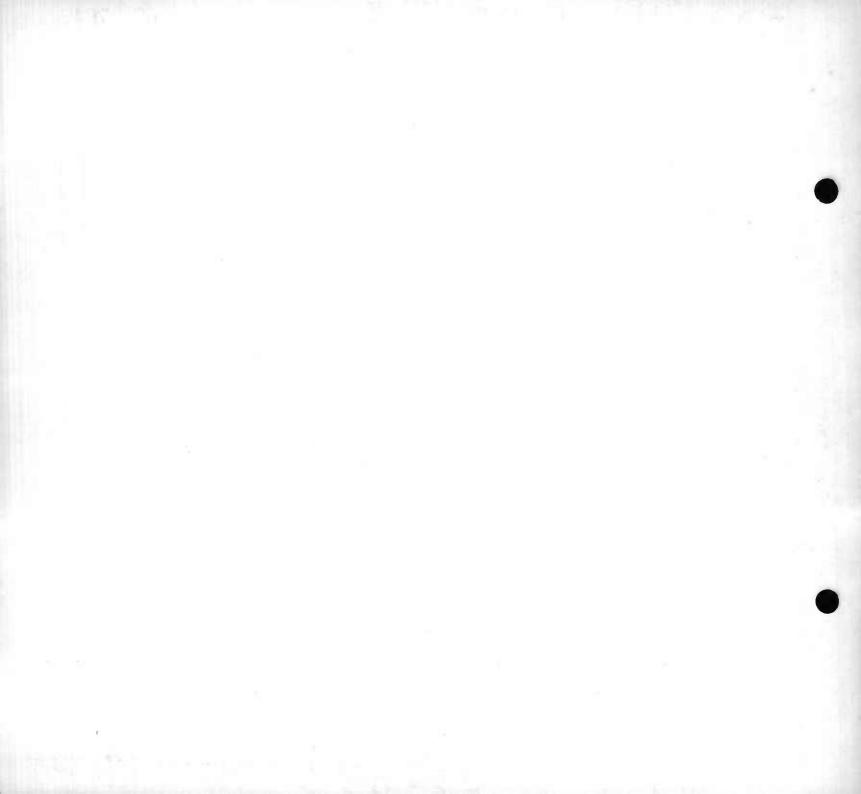
INTERVAL BETWEEN

ONSET AND DEATH

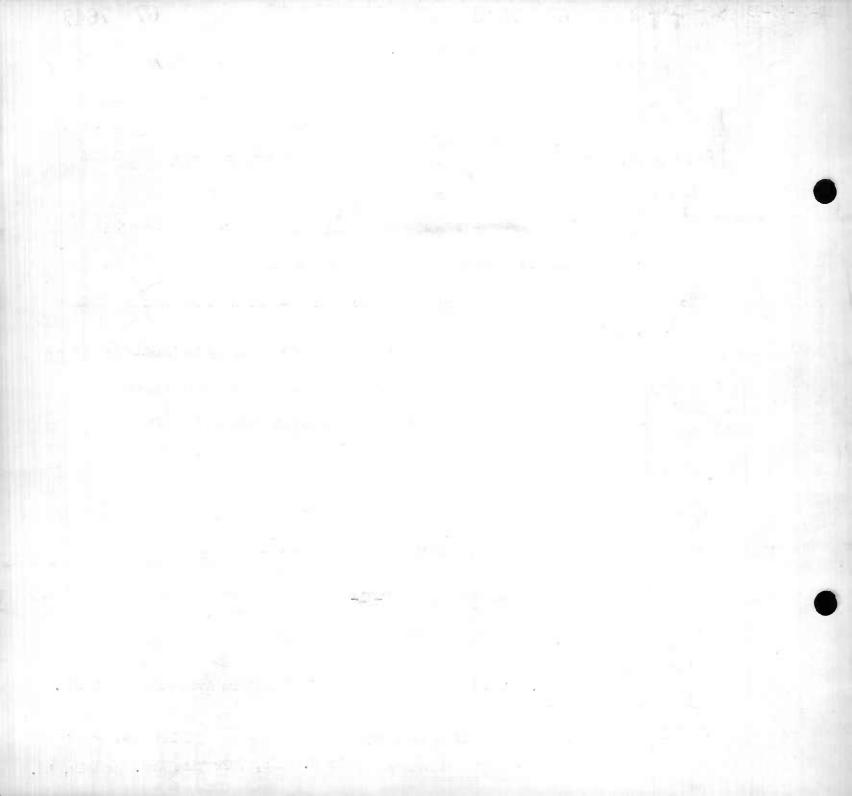
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all to return to the Depte de la compa

OPT PRO APT BALTIMOR	RE CITY HEALTH DEPARTMENT
BIRTH NO. 67. 7647 CERTIF	FICATE OF DEATH Registered No. 67 7647
M.E. CASE NO.	TICKTE OF DEKTIF
1. NAME OF DECEASED (Type or Print) A A A A A A A A A A A A A A A A A A A	2. DATE AND HOUR OF DEATH
1700 or FAMILY 18 18 18 18 18 18 18 18 18 18 18 18 18	NN M. 8/6/67 1/2:45P
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admissi
	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	Md. 26-46
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give lownship)
afurch Home d	134670
A LANGE TO THE PARTY OF THE PAR	D. STREET ADDRESS (If rural, give location)
120001711	128 N JANNEY ST.
JOSPITAL	
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORGED (spe	
78 00	10/3/88 78
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	WHAT COUNTRY?
Ancevile	Ma. USA
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Janes Se: 0.	71. 12 0.
The original	Mary Cola
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO	. Jame
	preper pexels, . addeded
1B. CA	AUSE OF DEATH' INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Centeriorelevolic Cardio ONSET AND DEATH
	The state of the s
LEADING TO DEATH	ware. disease c
(This does not mean the made of dying, e.g., DUE	102 - acline 7 10
heart failure, asthenia, etc. It means the disease,	Tacture 1
injury ar camplication which caused death,)	0
ANTECEDENT CAUSES (B)	municipe () and
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the	exeloreplates due to teli
UNDERLYING CONDITION last.	
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE	oprolementa a
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Vanasarea
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	mia ettot unket.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
ш	N/o - in a should C WILLIAM DID
	RY (e.g., in or obout 21 C. WHERE DID (II in Bottimore City, give exact location) street, office bldg., INJURY OCCUR?
▼ DEATH (natify medical examiner) etc.)	
21D. TIME (Month) (Dov) (Year) (Hour) 21E INJURY OCCURR	
W OF INTIERY	21 F. HOW DID INJURY OCCUR?
∠ (ABBROY) While At N	Not While
Work A	At Work
22. I certify that (1) (this hospital) attended the deceased from	m 7/28/63 19 to 8/1./6.7 19
1/2	
that (I) (we) lost saw the deceased alive on	60 7 19 and that in(my) (our) opinion death occurred on the
and haur and fram the couses stated above. (1) (We) (did) (dtd	twot) view the body after death.
23A. SIGNATURE	23B, DATE SIGNED
Transier Ballara Fr	D. Attending Med. Director Phys. D
28C. PHYSICIAN'S	23D. ADDRESS
NAME (Type)	
TRANCISCO BAUTAVAR U	Po. CHURCH HOME & HOSP
44. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	Y or CREMATORY 24D. LOCATION (City, town, or county) (State
REMOVAL (Specify)	
Musial aug 1917 Meadown	idre Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
AUC 1 0 10C7 A A A A T. O	25C. FUNERAL DIRECTOR Holling 3218 Kings
HUU - 1301 When to E, Tarker	themall Hoffmen der.
'S 150-REV. 1/1/65	



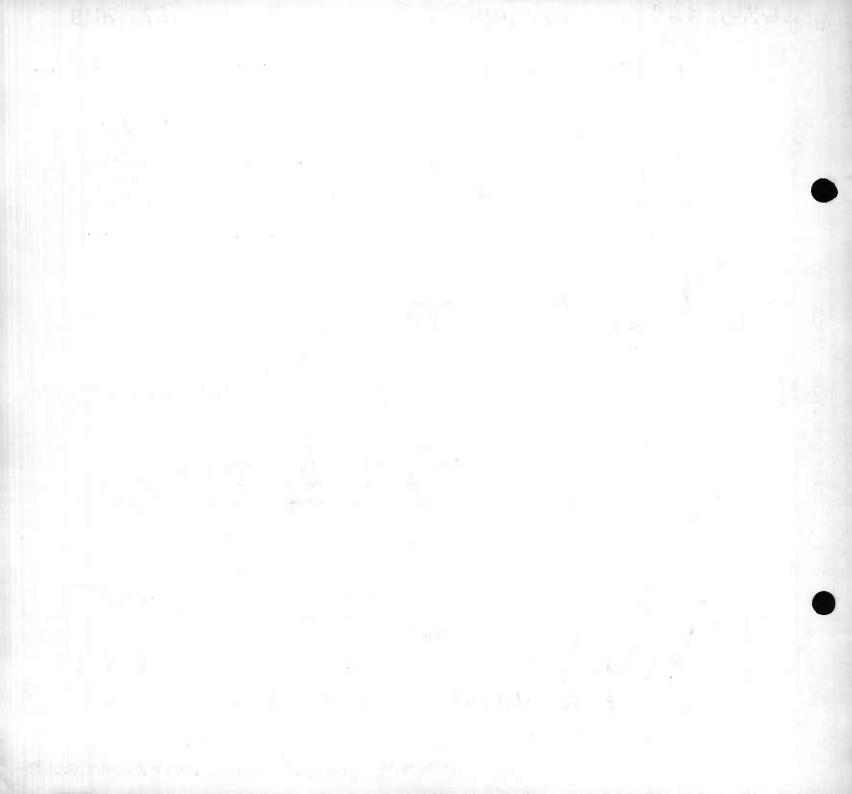
VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

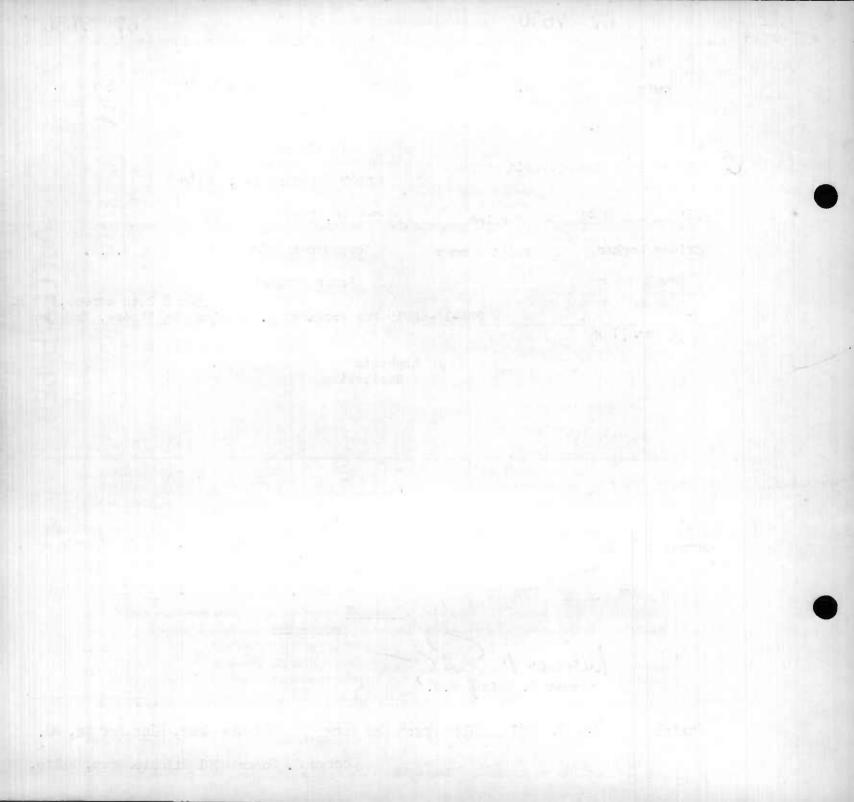
oup of death

BIRTH NO.	67.	764	4	TE OF DEAT		67 7649
M.E. CASE NO.	ASED		CERTIFICA		E AND HOUR OF DEAT	
(Type or Print) Mr	C1 T1	LADYS MA	SON HAY		9, 1967	7:50
	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	,	finstitution: residence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital oddress or tocotio		give street		If outside city limits, writ	e RURAL and give township)
A A	HOME:			D. STREET ADDRESS	Baltimore	12-01
00	Broadview	Apartm	ents		wy. and 39t	h Streets
5. SEX 6	.RACE White	WIDOWED	NEVER MARRIED , DIVORCED (specify) dow	B. DATE OF BIRTH Nov-5-1883	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min,
	ATION (Give kind of worl	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote o	foreign country)	12. CITIZEN OF WHAT COUNTRY?
			71.07.0	10 - 1 - 4 - 4	MA	U.S.
3. FATHERS NAME			none	14. MOTHER'S MAIDEN	NAME	
Tomor	E. Mason			77.2.2.1. (1)		
5. Was Deceased E	ver in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT	rry	ADDRESS
Yes, no or unknown) (If yes, give wor or dote 10	es of service)	220-44-6849	Nice Charm	y, Baltimore	21210
110	no n			F DEATH	, Dal Ulhore	INTERVAL BETWEEN
hearl foilure, o injury or compl All DISEASES OR rise to the UNDERLYING OTHER SIGNIFI TO THE DE	I meon the mode of sthenio, etc. II meons licotion which caused NTECEDENT CAUSES CONDITIONS, if above couse (A) CONDITION lost.	any, giving stating the	(B) Gla (C) (C)	resolved a	Merosola	sis Manya
19A. DATE OF C	DPERATION 198. CON WAS PER	FORMED	(168		RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF		e, form, foctory, street, c	in or obout 21C. WHERE D office bldg., INJURY OCCU	R? (If in Boltin	nore City, give exact location)
OF INJURY	Month) (Day) (Year)		INJURY OCCURRED	le 🖂	NJURY OCCUR?	/
22. I certify t	hot (1) (this haspito	1) ottended th	ne deceased from	1961)		usent 19
-	et sow the deceose		. 12	MINK LA A Chair	_	spinion deoth accurred on the d
				view the body ofter de	•	spiritori decili decorred on the d
23A SIGNATUR	TON THE COUSES STO	ied obdve. (i	/ (we) (dip)(pid not)	ylew the body offer be	orn.	23B, DATE SIGNED
A	Va 1	2	M.D. Att	ending Med.	Stoff Phys.	8.9.67
23C. PHYSICIAN NAME (Typ	10	Da	/ 1 < M.D.	23D. ADDRESS	1.1.e 5	T Balls 2
24A. BURIAL CREM REMOVAL (Sp	ATION, 24B. DATE	24C. NA	ME of CEMETERY OF CR	EMATORY 2	ID. LOCATION	(City, town, or county) (State)
En tombmen	t 8/11 /	67 GT	EEN MOUNT CI	EMETE TY		Maryland
25A. DATE REC'D B	AUG 1 0 1967	Robert	JE. Farbuna	li t		8 W.North Av., Cit



67 7650 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.					
1. NAME OF DECEASED			2. DATE AND HOUR PRONOUNCED DEAD		
Enwin	R.	WATKINS	Augu	ust 5, 1967	10:46 P. M.
3. PLACE IN BALTIMORE, MARYLA	AND, WHERE PRONOUNCED	DEAD 4. USU	AL RESIDENCE (Where d	eceosed lived. If institutio	n: residence before admission)
full NAME OF (IF NOT IN ADDRESS O INSTITUTION Rear of 1302 Pent	HOSPITAL OR INSTITUTION,	GIVE STREET Ma: C. CITY	ryland	corporate limits, write RUF	1-0
Rear of 1302 Pelli	isyivaniia Avenu		7 Rueckert Av		
5. SEX 6. RACE	7. MARRIED, NEVE WIDOWED, DIVOR	CED(specify) B. DATE	OF BIRTH	9. AGE (In years If	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
Male White TOA. USUAL OCCUPATION (Give kir	Married	Oct :	16, 1923	43	CITITED OF
done during most of warking life, even if		1522 OK INDUSTRETTI. BIKT	HPLACE (Stote or toreign	country)	CITIZEN OF WHAT COUNTRY?
Office: Worker	Credit Age		ngstown Ohio		U.S.A.
Edwin			aura Bergman		Dares
15. WAS DECEASED EVER IN U.S. (Yes, na or unknown) (If yes, give wa	ARMED FORCES? 16. SC r or dates of service) SE	CURITY NO.	RMANT	526 E 20	Oth Street, Apt 1
No	296	-18-8h01 Mrs	Margaret M. V		imore, Maryland
DISEASE OR CONDIT LEADING TO (This does not mean the heart failure, asthenia, etc., injury or complication which ANTECEDENT DISEASES OR CONDITION	DEATH node of dying, e.g., It means the disease, coused death.) CAUSES NS, IF ANY, GIVING	CAUSE OF DE			INTERVAL BETWEEN ONSET AND DEATH
UNDERLYING CONDITION	E (A) STATING THE	(C)			
	NOT RELATED TO THE	OPERATION 20A.		20B. IF YES, WERE FINDIN N CERTIFYING CAUSES C	OF DEATH?
J 7/	DID BLACE	OF INJURY (e.g., in or obo	Yes WHERE DID (f in Politica City since	Yes
UNDERLYING TO CONTRIB- DINO CAUSE OF DEATH. 21D TIME (Manth) (Doy OF INJURY (APPROX.) UNK	home, fam etc.)	, factory, street, office bld Street JURY OCCURRED	(Shafer	ear of 1302 Po	ennsylvania Ave.
22. I certify that I held	an Inquiry Ins	ection Autopsy X	ond that on this	s basis, deoth in my o	pinion
resulted from: Not	urol causes Accide	Suicide .	Homicide X U	ndetermined monner	
EVAMINED'S	rner U. Spitz,	M.D. ASSIST	HIEF MEDICAL EXA TANT MEDICAL EXA CIATE MEDICAL EX	AMINER X	DATE SIGNED 8/5/67
23A. BURIAL CREMATION, 23B. I REMOVAL (Specify)	DATE 23C. NA	ME of CEMETERY or CREMA	ATORY 23D. LC	CATION (City, taw	rn, ar county) (State)
Burial Aug		en Haven Mem Pa	Rito	chie Hgwy, Gle	n Burnie, Md.
411-4-6	367 A 0 8- 9			e hool Ritchi	ie Hgwy, Balto,
VS 151-REV. 1/1/65	al View of E.	Tankey 4.	or go of done	e 4001 Itt cell	e ngwy, Dar ou,
119	7/ X			300 - 300	



TO

D.

Hartzler & Sons,

BALTIMORE CITY HEALTH DEPARTMENT

• . The second second second second 19-6-8-9-68 23-63 JAMES K BROWN JOHNS HOPKINS HOSPITAL

BALTIMORE CITY HEALTH DEPARTMENT 7652 CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Aug. 6, 1967 Michael B. Ellias 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE
B. COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore
D. STREET ADDRESS ((If rurol, give location) 3413 Devonshire Drive 3413 Devonshire Drive 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours Male Cau. Widower Jan. 27, 1904 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) Butcher Carrollstown, Penna, Chain Food Store 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Michael Ellias Susanne Belensky 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give war or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. Mrs. Anne Lohrey, 3413 Devonshire Drive 213-01-2183 No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving la the above cause (A) stating the UNDERLYING CONDITION last. 11 OTHER SEGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.)

Work At Work 22, I certify that (I) (this haspital) attended the deceased from that (I) (we) lost saw the deceased alive on. and that in (my) (aur) opinion death occurred on the date ond haur ond from the causes stoted obave. (1) (1) (1) (did not) view the body ofter deoth. 23A, SIGNATURE 23 B, DATE SIGNED

Attending

23D. ADDRESS

Willard Applefeld, M.D. M.D.

5901 Park Heights Ave.

Stoff

Phys.

24D. LOCATION (City, town, or county)

Carrollstown, Penna.

St. Benedict's Cemetrey

25A. DATE REC'D BY HEALTH DEPT.

8/9/1967

4611 Park Heights Ave.

VS 150-REV. 1/1/65

23C. PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

Burial

24C. NAME of CEMETERY OF CREMATORY



V\$ 150-REV. 1/1/65

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 $67. \quad 7654$ baltimore city health department

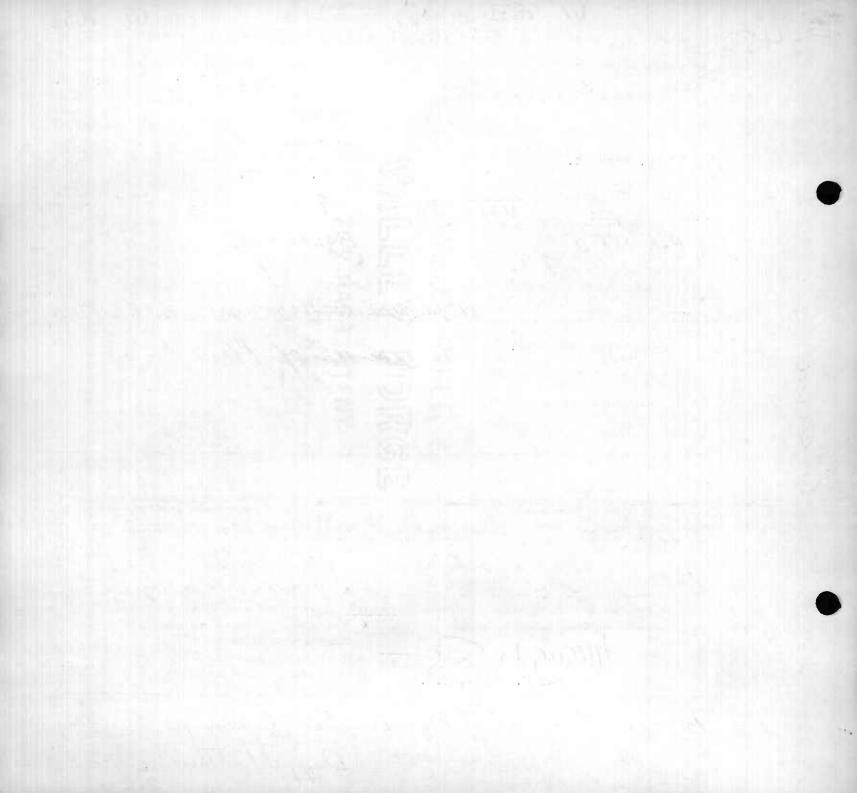
67

7654

BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)			2. DATE AND HOUR PRONOL	
	FLYNN		August 5, 196	7 2:00 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN		A. STATE	ENCE (Where deceased lived. If	f institution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE ADDRESS OR LOCATION)	C. CITY OR TOV	WN (If outside corporate limits,	write RURAL and give township)	
203 W. Read St.			RESS (If rural, give location)	
		203 W.	Read St.	
	VORCED(specify)	B. DATE OF BIRT	H 9. AGE (In you lost birthday)	eors If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Female White MAR	RIED	/	35	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF I	BUSINESS OR INDUSTRY	11. BIRTHPLACE		12. CITIZEN OF
done during most of working life, even if relired)		BAL	TO-MD	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S M		10011
,			?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 2/2/2
	196-141598	E, RICH,	LAD SIMMS	703 F GITTINGS &
1B 0 0 0 V	CAUSE	OF DEATH	11/2/ OTTATATO	INTERVAL BETWEEN
E 7 / 0 . M				ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11.	un dans.	of Placede	
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	· mase	- g mine	
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO			
UNDERLYING CONDITION LAST.	(C)			
ő	(0/1			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. Date of OPERATION 198. CONDITION FOR W				
19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY	? (Yes or No) 20B. IF YES, WE	
WAS PERFORMED		Yes		CAUSES OF DEATH?
21A, EXTERNAL CAUSE WAS 21B, PL UNDERLYING OR CONTRIB-	ACE OF INJURY (e.g., form, foctory, street,	-	WHERE DID (If in Bultimore Ci	ty, give exact location)
UTING CAUSE OF DEATH.	Lame	2	203 W. Read	e St. 11-03
21 D TIME (Month) (Doy) (Year) (Hour) 21 E	. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?	nalited an
	HILE AT NOT	WHILE X	verdose y d	(reige)
22. 1 certify that I held an Inquiry	Inspection Aut	tapsy X an	d that an this basis, death	in my apinian
resulted fram: Natural causes Ac	cident Suicid	e X Hamici	ide Undetermined m	nanner 🗌
		CHIEF M	EDICAL EXAMINER	
ACTUAL ////SALE	2-11-		EDICAL EXAMINER X	DATE SIGNED
SIGNATURE TO THE SIGNATURE	M.D.	•		8/6/67
EXAMINER'S Werner U. Spit	z, M.D.	ASSOCIATEN	MEDICAL EXAMINER	3, 3, 3,
23A. BURIAL CREMATION, 23B. DATE 23C.	NAME of CEMETERY	CREMATORY	23D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)	- n1		01	Maria
BuriAL 146 7-61) / //AT +/4E	WS CE,	n O DONNE	LL SI MARGLAN
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME O		24C. FUNER	AL DIRECTOR	ADDRESS
	Jakuna .		(//)	A



到 图 计通道 and the thing while the Mild and the self-CHAMMADAW HIMMA 30 SHO THINDRUC AVE. CONTRACTOR AND THE TURE MAY 11,1924 45 TEMALE WAITE MARRIETS KENTURKY, BUTTIES HOUSE WIFE Tarks WRUBLILLS HEARTE COND Vest-Street Europhological Eine FAIlure Majartier 7-13-07 racial Guerras N. O. S - 2 - 2 Da A de Lemi

L-523

BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED

FULL NAME OF

HOSPITAL OR

Female

13. FATHER'S NAME

5. SEX

ROSILINE

6. RACE

dane during most of working life, even if retired)

Retired

Negro

THOMAS REID

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown), (If yes, give war or dates of service)

7656 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No

2. DATE AND HOUR PRONOUNCED DEAD 6:23 A. LANSDOWNE August 8, 1967 4. USUAL RESIDENCE (Where deceosed lived, I(institution: residence before admission)
A, STATE
B, COUNTY A. STATE C. CITY OR TOWN (If autside carparate limits, write RURAL and give township Baltimore D. STREET ADDRESS (If rurol, give location) 2001 North Dendison St. B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Haurs, Min. Jan 9, 1890 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Jamico, British West Indes U.S.A.

> MARY 7. INFORMANT ADDRESS Mrs. Inez Blackstone 3427 Mondawmin

CAUSE OF DEATH

Arteriosclerotic and Hypertensive

Cardiovascular Disease

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not meon the mode of dying, e.g., heart foilure, asthenio, etc. It meons the disease, injury or camplication which caused deoth.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

9A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION WAS PERFORMED

(Yeor)

(Rose) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

2001 North Dennison Street

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

WI DOW

7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)

16. SOCIAL

SECURITY NO.

DUE TO

20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? No

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (II in Baltimore City, give exact location) hame, form, foctory, street, affice bldg., NJURY OCCUR?

MEDI 21 D TIME OF INJURY (APPROX.)

CATION

CERTIFI

21 E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK

21 F. HOW DID INJURY OCCUR?

I certify that I held on Inquiry

(Month) (Dov)

-Inspection X

Autopsy

ond that on this bosis, death in my opinion

resulted from: Natural causes K Accident

Suicide Hamicide CHIEF MEDICAL EXAMINER

Undetermined manner

ACTUAL SIGNATURE EXAMINER'S

Werner U. Spitzy M.D.

(Hour)

ASSISTANT MEDICAL EXAMINER A ASSOCIATE MEDICAL EXAMINER

8/8/67

DATE SIGNED

23A, BURIAL CREMATION,

NAME (Type)

23C. NAME of CEMETERY or CREMATORY Arbutus Memorial Park

23D. LOCATION Arbutus, Mampiand

(City, town, or county)

(State)

REMOVAL (Specily)

8-12-67

24C. FUNERAL DIRECTOR

ADDRESS

24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR

MORTON & DYETT F.H.

1701 Laurens

. Join E ALBERTA STATE OF THE STATE OF T

NAME OF DECEASED HERRING, MCKINLEY	NMI	2. DATE AN	67	13:10 A
FULL NAME OF (If not in hospital or institution veterans administration veterans administration specific process of location) 3900 LCC H RAVEN B BALTIMORE, MARYIM	rtion, give street RATION HOSPITAL OULEVARD	A. STATE B. COUNT M. RYLAND BA C. CITY OR TOWN (If outs BALTIMORE	e deceosed lived. If in TY LTIMORE GI side city limits, write for the limits, write for the limits, write for the limits, write for the limits.	stitution: residence before admiss
MALE NEGROID MA	RRIED, NEVER MARRIED OWED, DIVORCED (specify) RRIED ID OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH 2/25/07 11. BIRTHPLACE (State or foreign)	9. AGE (In years lost birthday) 60 gn country)	If Under 1 Yr. If Under 24 Months Doys Hours Mir 12. CITIZEN OF WHAT COUNTRY?
DOMESTIC WORKER FATHER'S NAME		NORTH CAROLINA	A E	U. S. A.
TOMAN HERRING Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of services)	vice) 16. SOCIAL SECURITY NO.	MITTIE ROBINS 17. INFORMANT VA HOS 3900 LOBH RAVE	PITAL RECOR	
LEADING TO DEATH		73.3		1.50
LEADING TO DEATH (This does not mean the made all dying, heart failure, asthemia, etc. It means the disinjury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, grise to the abave cause (A) stating UNDERLYING CONDITION last.	e.g., DUE TO ease, (B) Possi DUE TO statu the (C) left	onary Edema ble myocardial is post-operative retro-peritonea	e lipo-sarco	45 minutes
(This does not mean the made all dying, heart failure, asthemia, etc. It means the disinjury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, grise to the abave cause (A) stating UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	e.g., DUE TO ease, (B) Possi DUE TO (B) Possi (C) Left UTING O THE	ble myocardial is post-operative retro-peritoneal	208, IF YES, WERE IN CERTIFYING CA	DMA. FINDINGS CONSIDERED USES OF DEATH?
(This does not mean the made all dying, heart failure, asthenia, etc. It means the disinjury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, go tise to the abave cause (A) stating UNDERLYING CONDITION last. I OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION	e.g., DUE TO ease, (B) Possi DUE TO (B) Possi DUE TO (B) Possi DUE TO (C) Left (C) Left (C) Left (E) PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	ble myocardial is post-operative retro-peritonea. 20A. AUTOPSY? (Yes or No) Yes To or obout 21C. WHERE DID injury occur?	208 IF YES, WERE IN CERTIFYING CAM	DMA. FINDINGS CONSIDERED USES OF DEATH?
(This does not mean the made all dying, heart failure, asthenia, etc. It means the disinjury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, grise to the abave cause (A) stating UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 17 18 19 21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	e.g., ease, (B) Possi DUE TO (B) Possi DUE TO (C) Left UTING O THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased from on 7 AUGUST ve. 20 (We) (did) 1000000000000000000000000000000000000	Dole myocardial is post-operative retro-peritonea. 20A. AUTOPSY? (Yes or No) Yes To or obout [21 C. WHERE DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 12 JULY 1 19 67 ond the liew the bady ofter death.	208, IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH? LOS City, give exact location)
(This does not mean the made all dying, heart failure, asthenia, etc. It means the distingury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, it any, go the state of the abave cause (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (Month) (Day) (Year) (Hour) ond four and from the causes stated about 23A. SIGNATURE VICTOR J. BORD	e.g., ease, (B) Possi DUE TO (B) Possi DUE TO (C) Left UTING O THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.) 21E. INJURY OCCURRED While At Not While At Work ded the deceased from on 7 AUGUST ve. 20 (We) (did) 2020000000000000000000000000000000000	Dole myocardial is post-operative retro-peritonea. 20A. AUTOPSY? (Yes or No) Yes 10 or obout 21 C. WHERE DID 112 JULY 1 12 JULY 1 19 67 ond the iew the bady ofter death. 23D. ADDRESS 3900 LOC BALTIMOR	208. IF YES, WERE IN CERTIFYING CALL (If in Boltimore URY OCCUR? 9 67 to 7 A of In (MAK (our) opin CH RAVEN BOU	DMA FINDINGS CONSIDERED USES OF DEATH? Yes City, give exact location) UGUST 19 67 nion death occurred on the 238. DATE SIGNED 8/8/67 ILEVARD

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SHARPER BORD . . TONES & M. 15 MY . TO

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IMPORTANT

DIRECTOR:

FUNERAL

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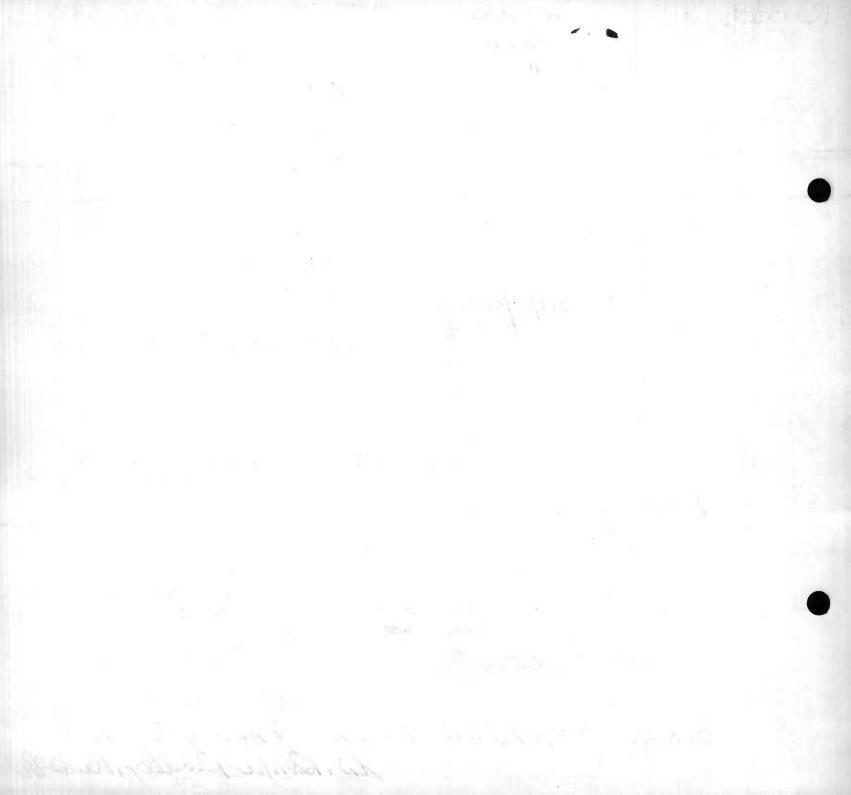
and BROWNERS Prevaint I was Hypparans wa Commonse. D.s. Mayor W. Brookhum. JOHNSHOPM ING HOS A MAZOR W BRAGGHAN -10-67 Mc

A special fort and trave a land

IMPORTANT

DIRECTOR:

FUNERAL



	to had	T HEALTH DEPAI		n/ /scn
HRTH NO. 67. 76	CERTIFICA	ATE OF DI	FATH Registered	No. 67 7660
M.E. CASE NO.	CERTITICA	TIL OI DI		
NAME OF DECEASED BESSIE EV	IANS		4.05 PM	8/7/67
PLACE OF DEATH IN BALTIMORE, MARYLAND	h.1=0	4. USUAL RESID	DENCE (Where deceased lived,	If institution; residence before admissi
	ipital	A. STATE	B. COUNTY	
FULL NAME OF (If not in haspital ar institu	inan, give street	C. CITY OR TO		wite-RURAL and give lawnship)
INSTITUTION			Baltimore	28-03
42.		D. STREET ADD		
100		41001	WelChester RD	21216
	RRIED, NEVER MARRIED	8. DATE OF BIRT		If Under 1 Yr. If Under 24 h Manths Doys Hours Min
F Regred WID	OWED, DIVORCED (specify)	8/17/17	last birthdoy)	Manths Doys Hours Min.
DA. USUAL OCCUPATION GIVE kind of work 108. KIN	ID OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(Stole or foreign country)	12. CITIZEN OF
ane during mast of working life, even if retired)		maH	Carlus	WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S A	COUNTER NAME	4814
1 11 11		14. MOTHER'S N	A A	
shipe welle	uno	Sava	a Spaniore	
. Was Deceased Ever in U. S. Armed Forces? 'es,na ar unknawn' (If yes, give war ar dales of sen	1 6. SOCIAL SECURITY NO.	W. INFORMANT	0	ADDRESS
NO		(Utis)	ven la	2009
18.17 4 X I	CAUSE	OF DEATH	Jacob Soc	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		a	0 1	ONSET AND DEATH
LEADING TO DEATH	(A)	Jarcoma a	of Meius c	
(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO		fulerus co	
injury or complication which caused death.)	6036,	n wides	toread metas	tali
ANTECEDENT CAUSES	(B)	W West		
DISEASES OR CONDITIONS, if ony, g			·	
rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	The (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
TO THE DEATH BUT NOT RELATED TO	THE			
19A. DATE OF OPERATION 198. CONDITION		20A. AUTOPS	(? (Yes ar Na) 208, IF YES, W	ERE FINDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING	CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,			timore City, give exact lacation)
▼ DEATH (natily medical examiner)	hame, larm, lactory, street, etc.)	diffice bidg., INJUKI	OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HO	W DID INJURY OCCUR?	
O 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	White At Not Whi	ile 🗀	W DID INJURY OCCUR?	
21 D. TIME (Month) (Doy) (Yeat) (Hour) OF INJURY (APPROX.)	White At Nat White At Wark	ile 🗆		cal 11 7
21 D. TIME (Month) (Doy) (Yeat) (Hour) OF INJURY (APPROX.)	White At Nat White At Wark	ile 🗆		817/67 19
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	White At Nat White At Wark	ile 🗆		8/7/67 19 apinion deoth accurred on the d
21D. TIME (Month) (Doy) (Yeat) (Hour) OF INJURY (APPROX.)	White At Not White At Wark ded the deceased fram on (died had an lax	8/7/67	rued to the pital (our)	817/67 19 apinion death accurred on the d
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this haspital) attended that (1) (we) last saw the deceased olive	White At Not White At Wark ded the deceased fram on (died had an lax	8/7/67	rued to the pital (our)	apinion deoth accurred on the d
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. 1 certify that (1) (this haspital) attended that (1) (we) last saw the deceased olive and haur and fram the causes stated about	white At Not White At Wark ded the deceosed fram on (died had an ly ve. (1) (We) (did) (did nat) M.D. At	view the body at	ter death.	
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated above. 23A. SIGNATURE	white At Not White At Wark ded the deceosed fram on (died had an ly ve. (1) (We) (did) (did nat) M.D. At	view the body at	ter death.	
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE	white At Not White At Wark ded the deceosed fram on (died hoof am by ve. (1) (We) (did) (dld nat) M.D. At Ph	ile S 7/6 7 20 20 20 20 20 ADDRESS	ter death.	
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAM'S NAME (Type) A2HAR - UL - E	white AI NaI White AI Wash AI	view the body of tending Mys. 23D. ADDRESS	19 ta	238. DATE SIGNED 8/7/6 7
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) AZHAR - UL - (white AI NaI White AI Wash AI	ile S 7/6 7 20 20 20 20 20 ADDRESS	ter death.	
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased olive and haur and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A2HAR - UL - (1) 4A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 24B. DATE 24B. DATE 24B. DATE	white At Not White At Wark At	view the body of tending Mys. 23D. ADDRESS	19 ta	238. DATE SIGNED 8/7/6 7
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased olive and haur and from the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A2 HAR - UL - (Laboration) (Laborate Removal (Specify) (Laborate Removal	white AI NaI White AI Wash AI	ile S 7/67 SUM a 1/6 Amily view the body at tending Displays. 23D. ADDRESS REMATORY	19 ta	238. DATE SIGNED 8/7/6 7

V\$ 150-REV. 1/1/65

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67 7663 BALTIMORE CITY HEALTH DEPARTMENT 67 7663
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7663

M.I	CASE NO.								
1. I (Ty)	NAME OF DECE	ASED	,			2. DATE AN	D HOUR PRONOUNCE	D DEAD	
	PATRIC		4.	JACKSO		Aug	gust 7, 1967		3:35 P. M.
3. P	LACE IN BALTIN	MORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STAMary1	ence (Where	deceased lived. If instit	ntian: resi	denca befare admission)
HO	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside carparote limits, write RURAL and give township) Baltimore				nd give township)		
	238 Wil	son Street					give (acation)		
				D. STREET ADDRESS (If rurol, give lacation) 238 Wilson Street					
5. S	EX 6.	RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years		Days Haurs Min.
Male Negro married				3-15	-00	67			
		ATION (Give kind af war king life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTR	VA .	State ar foreig	n cauntry)	12. CITIZ WHA	EN OF T COUNTRY?
13.1	ATHER'S NAME				14. MOTHER'S M.	AIDEN NAM			
		-					-		
		EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRES	S
,,,,	, 110 01 0110110111	yes, give wor ar date	3 di service/	3200 KHT 140.	Regina	Jac	Kson	So	me
	18. // > >	1 .		CAUSE	OF DEATH	40.0	K-0		INTERVAL BETWEEN
	DISEASE	OR CONDITION DI	RECTLY						ONSET AND DEATH
	L	EADING TO DEATH mean the made of		(A)	osclerotic	Cardio	ovascular Di	sease	************
	heart failure, a	sthenia, etc. It means lication which coused	the disease,	DUE TO					
		TECEDENT CAUSE. CONDITIONS, IF A		(B)					·•••••••••••••
	RISE TO THE	ABOVE CAUSE (A) S'	TATING THE	DUE TO				120	
z	UNDERLYING CONDITION LAST.								
10		II							
CERTIFICATION	TO THE D	FICANT CONDITIONS EATH BUT NOT RE CONDITION CAUSING	LATED TO TI						
	19A. DATE OF C	PERATION 198. CON WAS PER		VHICH OPERATION	NO NO	? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS		
O	21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Boltimore City, give exuc hame, farm, lactary, street, affice bldg., INJURY OCCUR? UTING CAUSE OF DEATH.						e exuct le	ocotian)	
ME	21D TIME (Manth) (Day) (Yea	r) (Haurl 2	E. INJURY OCCURRED	21F. HC	OW DID INJU	IRY OCCUR?		
	OF INJURY (APPROX.)	124,	W	HILE AT NOT	WHILE				
	22.		m. \	**					
		y that I held on I					is bosis, deoth In m	y opinlo	n
	resulte	d from: Notural ca	uses A	ccident Suicid			Indetermined monne	ir	
	ACTUAL ALARY CHIEF MEDICAL EXAMINER						-		DATE SIGNED
	SIGNATURE COLLEGE LANGE ASSISTANT MEDICAL EXAMINER X							8/8/67	
	EXAMINE NAME (Ty		U. Spitz	, M.Q.	ASSOCIATE M	EDICAL EX	(AMINER		8/8/8/
	BURIAL CREM		230	C. NAME OF CEMETERY	CREMATORY	23D. L	OCATION (City,	tawn, or	caunty) (State)
KEA	AOVAL (Specify)	8-12.	-67 1	Johnstur	Main. f	k	Arbutus		Mal.
244	DURIA	HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	112201100	7	ADDRESS
			Real	E. Farbuma	Kelson	Funer	al Home 13	3481	Calhoun St
VS	151-REV. 1/1/65		1	W		r r			

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married 3-15-00 67

Regina - Jackson some

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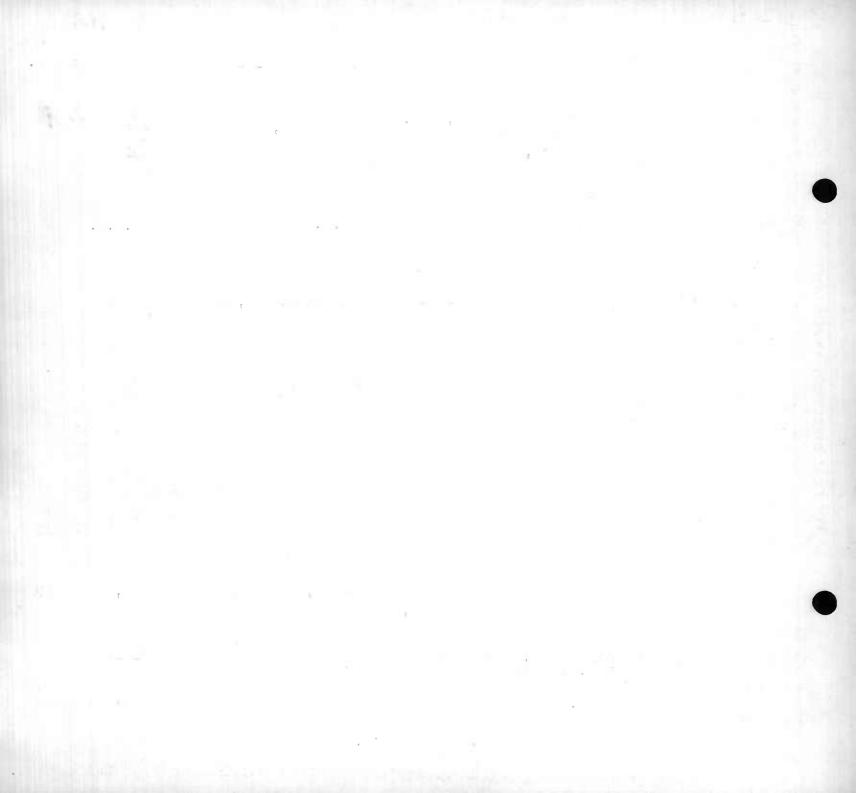
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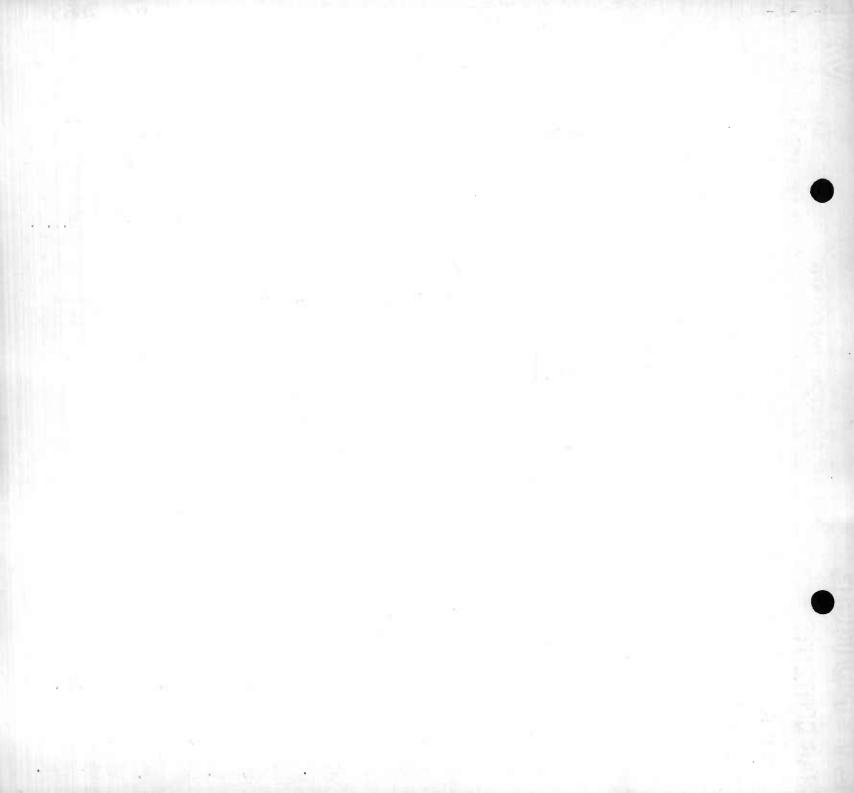
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Helser Francis Home 1248 Calle

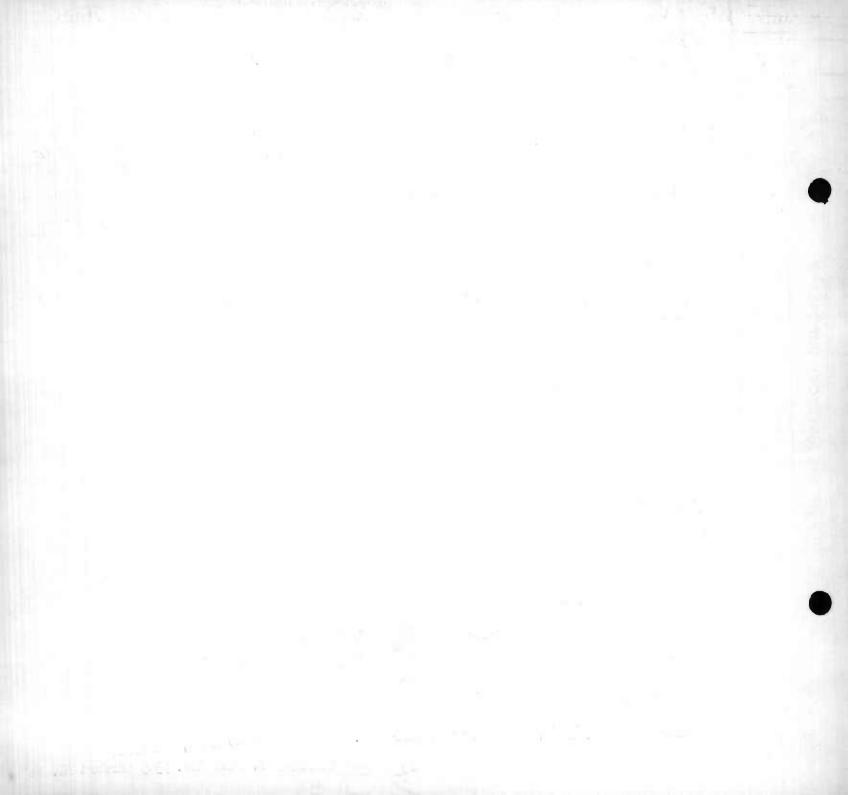
FUNERAL DIRECTOR: IMPORTANT

M.E. CASE NO. 1. NAME OF DEC (Type or Print)			CERTIFICA	TE OF DEATH		67. 7664
trype or rilling	CEASED			2. DATE A	ND HOUR OF DEATH	1
	Pinkett Mag	gie		8.	-5-67 (EOF	10:20 P.
3. PLACE OF DEA	Place of Death in Saltimore, Maryland			4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If	institution: residence before admissio
FULL NAME O	F (If not in haspital ar	r institution.	give street	Maryland		
HOSPITAL OR	address or lacation)		ital, Inc.	C. CITY OR TOWN (If a	utside city limits, write	RURAL and give Jownship)
20	1514 Divi			Baltimore,	/	4-07
07	Baltimore			D. STREET ADDRESS		
				2005 Brunt	Street	
5. SEX	6. RACE 7		D. DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
Female	Negro		Married	5-24-08	59	
		OB, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
ane during mast at	working life, even if retired)			N.C.		U.S.A.
3. FATHER'S NAM	ME			14. MOTHER'S MAIDEN N.	AME	
	g			110		
5 W . D		_	13 (40 21)			
es, na ar unkna wn	Ever in U, S. Armed Farce	of service)	SECURITY NO.	17. INFORMANT		ADDRESS
			215-01-4819A	Elijah Cous	in,Son	SAME
18. 52	2 X I		CAUSE O	F DEATH		INTERVAL BETWEEN
	SE OR CONDITION DIRE	CTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) Pu 1	monaryedema		north and the
	(This does not mean the mode of dying, e.g., heal failure, asthenia, etc. Il means the disease.					
	11-1			rt Failure		O'CLE STREET
	ANTECEDENT CAUSES (B)					
DISEASES C	OR CONDITIONS, if or	ny, giving				
rise to the	e obove couse (A)			~~~~~	***************************************	
ONDEKLIIN	G CONDITION lost.					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
	CONDITION CAUSING IT.			150.4	L V 000 10	
DISEASE OR	0000 1000 1000	198. CONDITION FOR WHICH OPERATION WAS PERFORMED			IN CERTIFYING C	FINDINGS CONSIDERED
19A. DATE OF		DRMED	0			AUSES OF DEATH?
DISEASE OR	WAS PERFO		D DI ACE OF INTERNAL	NO		
OR CONTRIBL		211	me, form, factory, street, a			ore City, give exact lacation)
OR CONTRIBL	WAS PERFO	211 har etc	me, form, factory, street, a	n or about 21C, WHERE DID	(If in Battima	
OR CONTRIBL	NT WAS UNDERLYING UTING CAUSE OF	211 har etc (Haur) 21E	me, farm, factory, street, of	n or obout 21C, WHERE DID ffice bidg, INJURY OCCUR?	(If in Battima	
OR CONTRIBLE DEATH (natify 21 D. TIME OF INJURY (APPROX.)	WAS PERFO NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Manth) (Day) (Year)	(Haur) 21E W	E. INJURY OCCURRED hile At Not While At Work	n or about 21C. WHERE DID INJURY OCCUR?	(If in Battima	ore City, give exact lacotion)
OR CONTRIBLE DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify	WAS PERFOUNTING CAUSE OF medical examiner) (Month) (Day) (Year)	(Havi) 21E Wi	E INJURY OCCURRED hile At Not While At Work the deceased from A	n or about 21C. WHERE DID ffice bidg, INJURY OCCUR?	(If in Baltima	ore City, give exact locotion) Gust 5, 1967
OR CONTRIBLE DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify	WAS PERFO NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Manth) (Day) (Year)	(Havi) 21E Wi	E INJURY OCCURRED hile At Not While At Work the deceased from A	n or about 21C. WHERE DID ffice bidg, INJURY OCCUR?	(If in Baltima	ore City, give exact lacation) Gust 5, 1967
OR CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	WAS PERFO NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Month) (Day) (Year) that (I) (this haspital)	(Haur) 21E W W. attended	E INJURY OCCURRED hile At Not While At Work the deceased from A August 5,	n or about 21C. WHERE DID ffice bidg, INJURY OCCUR?	(If in Battima	ore City, give exact lacation) Gust 5, 1967
OR CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	WAS PERFO NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Manth) (Day) (Year) that (I) (this haspital) last saw the deceased from the causes state	(Haur) 21E W W. attended	E. INJURY OCCURRED bile At Not While At Work the deceased from A August 5, (1) (We) (did) (did not)	NO n or about 21C. WHERE DID finder bidg., INJURY OCCUR? 21F. HOW DID IN 18 19 19 19 19 19 19 19 19 19 19 19 19 19	(If in Battima	ore City, give exact location) Gust 5, 1967
OR CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur one 23A. SIGNATU	WAS PERFO NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Month) (Day) (Year) that (I) (this haspital) last saw the deceased from the causes state	(Haur) 21E WW. attended to alive an	L INJURY OCCURRED A Work the deceased from August 5, (I) (We) (did) (did nat) August M.D. Atte	NO n ar about 21C. WHERE DID finder bidg., INJURY OCCUR? 21F. HOW DID IN the bidg. 19 67 and finder death	IJURY OCCUR? 1967 to AUS that in (my) (aur) as	gust 5, 1967
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OR CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur on 23A. SIGNATU Greg 23C. PHYSICIA NAME (T	was PERFO NT Was UNDERLYING UTING CAUSE OF medical examiner) (Month) (Day) (Year) that (I) (this haspital) class saw the deceased of from the causes state URS NTS Tens NTS	(Haur) 21E WW. W. attended to alive an od abave. (E. INJURY OCCURRED hile At At Wark the deceased fram August 5, (I) (We) (did) (did nat) v Phy	NO n or about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN 19 67 and five the bady after death ending Med. 5. Med. Director 223D. ADDRESS	IJURY OCCUR? 1997 ta AUE that in (my) (aur) ap Staff Phys.	Sust 5, 1967 Dinian death accurred an the d 23B. DATE SIGNED 8-9-67
OR CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU Greg 23C. PHYSICIA NAME (T	was PERFO NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Month) (Day) (Year) that (I) (this haspital) last saw the deceased of from the causes state OF 18 S. Teng NYS ypen gorio S. Teng	(Haur) 21E WW. W. attended a alive an ad abave. (E. INJURY OCCURRED hile At At Wark the deceased fram August 5, (1) (We) (did) (did nat) v Phy M.D. Atterphy	NO n or about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN 19 67 and fiview the bady after death ending Med. 5. Med. 23D. ADDRESS 1514 Divisio	UURY OCCUR? 1997 ta Aug that in (my) (aur) ap Stoff Phys.	gust 5, 1967 Dinion death accurred on the d 23B DATE SIGNED 8-9-67 Balto., Maryland
OR CONTRIBLE DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur one 23A. SIGNATU GIEGI 23C. PHYSICIA NAME (I) GIEGI 44A. BURIAL CRE	was PERFO NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Month) (Day) (Year) that (I) (this haspital) last saw the deceased from the causes state IRE OTION S. Tens MATION 1248 DATE	(Haur) 21E WW. W. attended a alive an ad abave. (E. INJURY OCCURRED hile At At Wark the deceased fram August 5, (I) (We) (did) (did nat) v Phy	NO n or about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN 19 67 and fiview the bady after death ending Med. 5. Med. 23D. ADDRESS 1514 Divisio	UURY OCCUR? 1967 ta Aug that in (my) (aur) ap Stoff Phys.	Sust 5, 1967 Dinian death accurred an the d 23B. DATE SIGNED 8-9-67
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OR CONTRIBLE DEATH (natify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur on 23A. SIGNATU Grega 23C. PHYSICIA NAME (T) Grega 24A. BURIAL CRE REMOVAL (S)	was PERFO NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Manth) (Day) (Year) that (I) (this haspital) last saw the deceased of from the causes state IRE OTING S. Teng (Nys) (Year) ANTION, 24B. DATE Specify) 8-5-67	attended alive an ad above. (CO	E. INJURY OCCURRED hile At At Wark the deceased fram August 5, (1) (We) (did) (did nat) v Phy M.D. Atterphy	NO n or about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN 19 67 and five the bady after death ending Med. Director 22D. ADDRESS 1514 Divisio EMATORY 24D.	Staff Phys. Baltimore	Sust 5, 1967 Sunt 5, 1967 Solnian death accurred an the d 23B DATE SIGNED 8-9-67 Balto., Maryland City, tawn, or county) (State)
21A. ACCIDED OR CONTRIBLE OF CONTRIBLE OF INJURY 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur on the contribution of the	was PERFO NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Manth) (Day) (Year) that (I) (this haspital) last saw the deceased of from the causes state IRE OTING S. Teng (Nys) (Year) ANTION, 24B. DATE Specify) 8-5-67	attended alive an ad above. (CO	e. INJURY OCCURRED hile At Not While At Work the deceased from A August 5, (I) (We) (did) (did not) while August 5, August 6, And	NO n or about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID IN August 5, 19 67 and 6 Priew the bady after death 23D. ADDRESS 1514 Divisio EMATORY 25C. FUNERAL DIRECTO	Staff Phys. Baltimore	Dinion death accurred on the description of the death accurred on the description of the





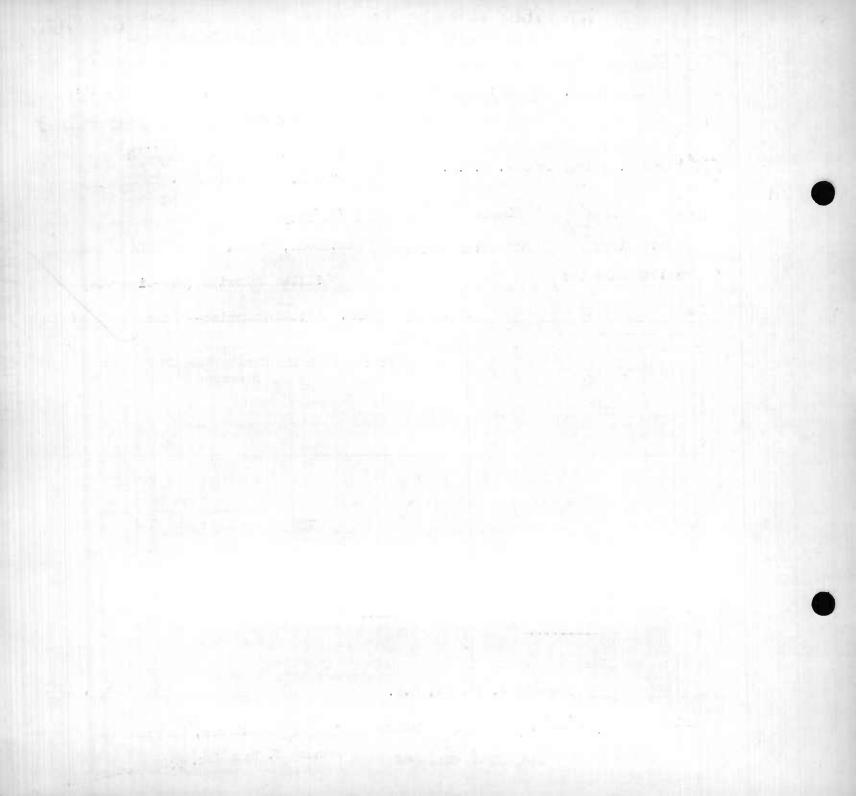
	-1.211	67 FICCE BALTIMORE CITY HEALTH DEPARTMENT
-	- G CL-4	BIRTH NO. CERTIFICATE OF DEATH Registered No. 67 7666
	and eath ased the Such	M.E. CASE NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH
	deat deat ease n th Suc	(Type or Print) GIORGILLI AMEDED 8/9/67 800 PN
	0 00 -	3. PLACE OF DEATH IN BALTIMORE, MARYLAND
	hospit ise of (5) De ance death	A. STATE 8. COUNTY
	hos (5) (5) de	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)
	se; (5	INSTITUTION C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	- 32.	D. STREET ADDRESS (If rurol, give location)
	ting d ca d ca d ca d ca	MERCY HOSP. D. STREET ADDRESS (If rurol, give locotion) #6
	- 300 0	5. SEY 16. PACE 17. MAADDIED NEVER MAADDIED 19. DATE OF BISTH 19. ACE (19. 1994) 11. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	again again	Months Doys Hours Min.
	oc or or reg	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF
	th n n	done during most of working life, even if retired)
	or nd itie	CONSTRUCTION WORKER BALTO, MD. USA
	va va	13. FATHER'S NAME
-	ariect or c ; (4) Undet h was in the dec	FRANCIS GIORBILLI BINCENZIA LUCCIARILLI
Z	= ~ 77 - 0	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
TA	the the kind dea	TIAL CALOUR LAND A dotes of service) SECURITY NO.
OR		18. / 4- / Y I CAUSE OF DEATH INTERVAL BETWEEN
P	if, if any any ceed	DISEASE OR CONDITION DIRECTLY
3	of of of of of of of of of	LEADING TO DEATH PERITONITY WAY
_	o A o c o E	(This does not meon the mode of dying, e.g., DUE TO
~	oro	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ō	in i	ANTECEDENT CAUSES (B)
5	AA	DISEASES OR CONDITIONS, if ony, giving
RE	ay w	rise to the obave cause (A) stating the (C) Callet Ma & Mach Williams
=	ical cal s; (; ician as ii	UNDERLYING CONDITION last.
_	lico lico rrns sic wa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
A	berriedic burr hysi n w	TO THE DEATH BUT NOT RELATED TO THE
NER	E > G = e	
	Boog Boog Boog Boog Boog Boog Boog Boog	198. CONDITION FOR WHICH OPERATION 200. AUTOPSY? (Yes of Not) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
3	by bhy or	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect locotion)
100	the hal by (2) here to ph	▼ DEATH (notify medical examiner) etc.)
	A K T P	Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	od to	▼ OF INJURY (APPROX.) While AI Not While
	over a property of the propert	Work 1 At Work 1 1 2 0 10
	the the an an obt	22. I certify that (I) (this hospital) attended the deceased from 19 6/ to 19 6/
	of a	tho (1) (we) last saw the deceased alive on 19 and that in (my) (our) opinion death accurred on the date
	971 + + -	ond hour and from the causes stated above (1) (We) (did) (did nat) view the bady after death.
	e must be released accident a hospire or to deat	23A. SIGNATURE
	5 6 5 5 5	M.D. Attending Med. Stoff Stoff Stoff Stoff Stoff
	acc acc	23C. PHYSICIAN'S 23D. ADDRESS
	Ficate m was related. An acci	MAME (Type) M. SUSAN BOLLINGER M.D. MERCY HOSP
	E . C . T . R	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	cert sody vs: () D.O ase	REMOVAL (Specify)
		Burial 8/14/67 Holy Redeemer Cem. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Maryland ADDRESS
	This cert the body shows: () was D.O decease written	AUG 10 1967 R. D. & Jackson Leonard J. Ruck Inc. 5305 Harford Rd. 44
		707 111, 27
		VS 150-REV. 1/1/65



7667

67 7667 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67

M.E. CASE NO.					
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUNCED DEAD			
FRNEST S F	SUKOWIEC	August 9, 1967 12:50 p M.			
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	August 9, 1967 12:50 p.m. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY			
FULL NAME OF (IF NOT IN HOSP HOSPITAL OR ADDRESS OR LOG INSTITUTION	ITAL OR INSTITUTION, GIVE STREET CATION)	Maryland C. CITY OR TOWN (If autside carparate limits, w			
1259 E. Belveder	CO ATTO DO A	D. STREET ADDRESS (II rural, give location)			
1237 E. Betveden	Le Ave. D.O.A.	1259 E. Belvedere Ave.			
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Manths, Days, Haus, Min.		
Male White Single					
10A. USUAL OCCUPATION (Give kind of widdene during mast of working life, even it retired	ark 108. KIND OF BUSINESS OR INDUST	10/21/1923 44 RY 11. BIRYHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Rate Clerk	B&P Motor Express	Nantikoke, Penna.	USA		
13. FATHER'S NAME	AND AND THE PERSON	14. MOTHER'S MAIDEN NAME	- MANA		
Ignatius Bukowiec		Lillian Bukowiec (ne	o Champala)		
15. WAS DECEASED EVER IN U.S. ARM (Yes, na arunknawn), (II yes, give was ar de		17. INFORMANT	ZODKINOTA)		
Yes WWII	192144649	Mma Idlian Bula is a			
18.	1 - 1 12	Mrs. Lillian Bukowiec Sign OF DEATH	INTERVAL BETWEEN		
Tourse on condition	PIRECTIV		ONSET AND DEATH		
DISEASE OR CONDITION	TH A me	torional arotic Cardiovacqui	an l		
(This does not mean the made heart failure, asthenia, etc. It mea	of dying, e.g., DUE TO	teriosclerotic Cardiovascula Disease	***************************************		
injury as camplication which cause	d death.)	Disease			
ANTECEDENT CAUS	SES				
DISEASES OR CONDITIONS, IF	ANY, GIVING (B)				
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	STATING THE				
2	(C)				
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT			1000		
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSII 19A. DATE OF OPERATION 19B. CO. WAS P					
19A. DATE OF OPERATION 19B. CO	ERFORMED	20A. AUTOPSY? (Yes at No.) 208. IF YES, WERE IN CERTIFYING CA			
-1.1	DIR BLACE OF INITIDY (o.e.	, in at about 21C, WHERE DID (III in Baltimare City,	YES		
Z 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	hame, fam, lactary, street,	affice bldg., INJURY OCCUR?	Give exoct (acanan)		
21D TIME (Manth) (Day) (YOUR)	ear) (Haur) 21 E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?			
(APPROX.)	m. WHILE AT NOT	WHILE			
22. I certify that I held on		utopsy X and that on this basis, death In	my opinion		
resulted from: Natural o	ouses X Accident Suici		ner		
ACTUAL SIGNATURE	Mucha M.	CHIEF MEDICAL EXAMINER $oxed{\mathbb{X}}$	DATE SIGNED		
EXAMINER'S NAME (Type) Rus	sell S. Fisher, M.D.		August 9, 1967		
23A. BURIAL CREMATION, REMOVAL (Specify) Burial 8/12	23C. NAME of CEMETERY	of CREMATORY 23D. LOCATION (C)	ty, town, ar county) (State)		
24A. DATE REC'D BY HEALTH DEPT.	248 NAME OF REGISTRAR	OVC ELIMIEDAL DIRECTOR	rylandADDRESS		
AUG 1 0 1967	Robert E. Farbuna	Leonard J. Ruck Inc. 53	305 Hans		
VS 151-REV. 1/1/65			rationd Rd		



V\$ 150-REV. 1/1/65

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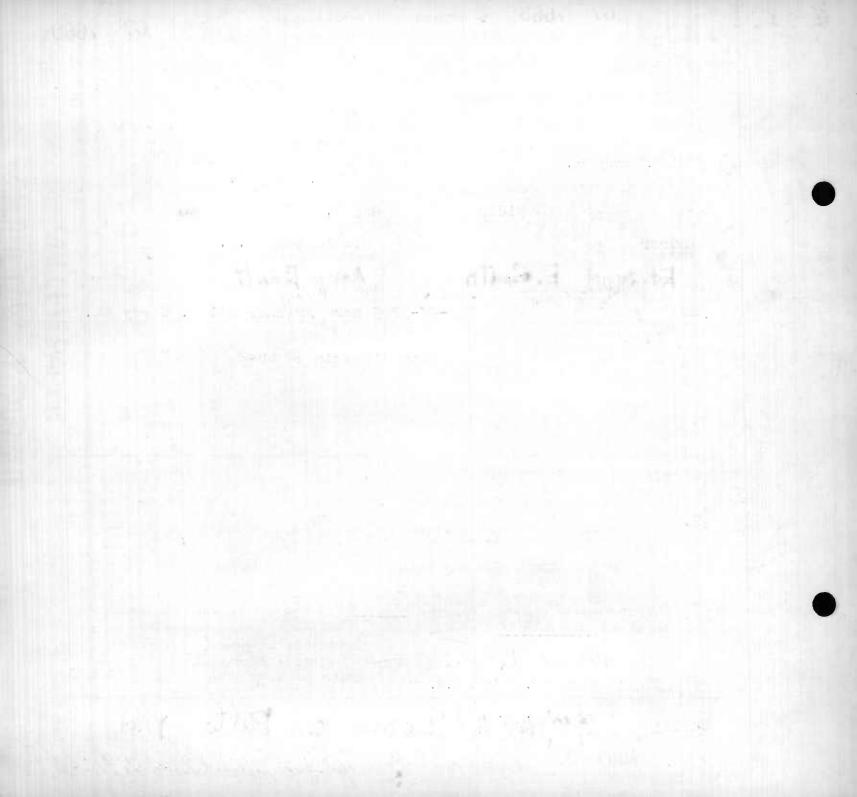
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VS 151-REV. 1/1/65

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 67 7669

M.E. CASE NO.					
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUNCED DEAD			
EDWARD	SMITH		August 6, 1967	7:30 A. M	
HOSPITAL OR ADDRESS OR LOCA	L OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission) A. STATE Maryland C. CITY OR TOWN (If autside corporate limits, write RURAL and give township) Baltimore			
() 231 N. Carey St.		D. STREET ADDRESS 231 N. Ca	(If rurol, give location) arey St.		
5. SEX 6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) WIDOW	May 2,1917		If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours Min.	
10A. USUAL OCCUPATION (Give kind of work dage during most of working lile, even if retired) Laborer	TOB. KIND OF BUSINESS OR INDUSTRY	Washingto	on D.C.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME EQUIPMON E	Smith	Macro J	N NAME C TO AUT		
15. WAS DECEASED EVER IN U.S. ARMED (Yes, na arunknawn) (If yes, give wor ar date:	s of service) SECURITY NO.	17. INFORMAUT	073 N 6	ADDRESS	
n o	218-07-320	b Mora Bra	wner 231 N. C	Carey St.	
DISEASE OR CONDITION DISTANCE OF THE DISEASE OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING WAS PERF	dying e.g., the discose, leath.) NY, GIVING ATING THE (C)	lteration of	Liver		
12	DITION FOR WHICH OPERATION ORMED	Yes	s or No) 208, IF YES, WERE FILL IN CERTIFYING CAUSE	ISES OF DEATH? Yes	
V 21 A. EXTERNAL CAUSE WAS OUNDERLYING □ OR CONTRIB-	hame, fam, factory, street, c	office bldg., INJURY OC	CUR?	The exact localion	
21 D TIME (Month) (Day) (Year) (APPROX.)		WHILE	DID INJURY OCCUR?		
22. I certify that I held on Ir	nquiry Inspection Aut	apsy X and the	ot on this bosis, death in n	my opinion	
resulted from Notural cou	ses X Accident Suicid	e Homicide	Undetermined monn	ier	
ACTUAL SIGNATURE Ullrue	5 h- En (M.D.	ASSISTANT MEDI	CAL EXAMINER X	DATE SIGNED 8/6/67	
NAME (Type)	U. Spitz M.D.	ASSOCIATE MEDI			
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) Burial 24A. DATE REC'D BY HEALTH DEPT.	23C. NAME OF COMPTERY OF REGISTRAR	CREMATORY OM 124C. FUNERAL D	Batto (City,	(State) ADDRESS	
AUG 1 0 1967	R.D. & E. Farleum	William	of Funes of Ha	118 3199 Jahran	

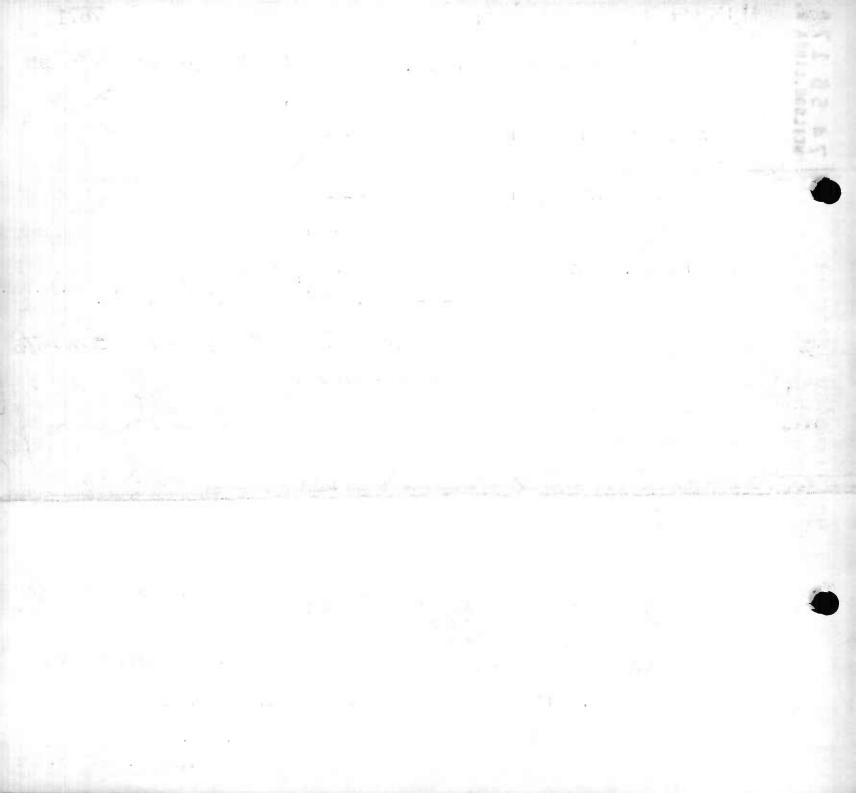


VS 150-REV. 1/1/65

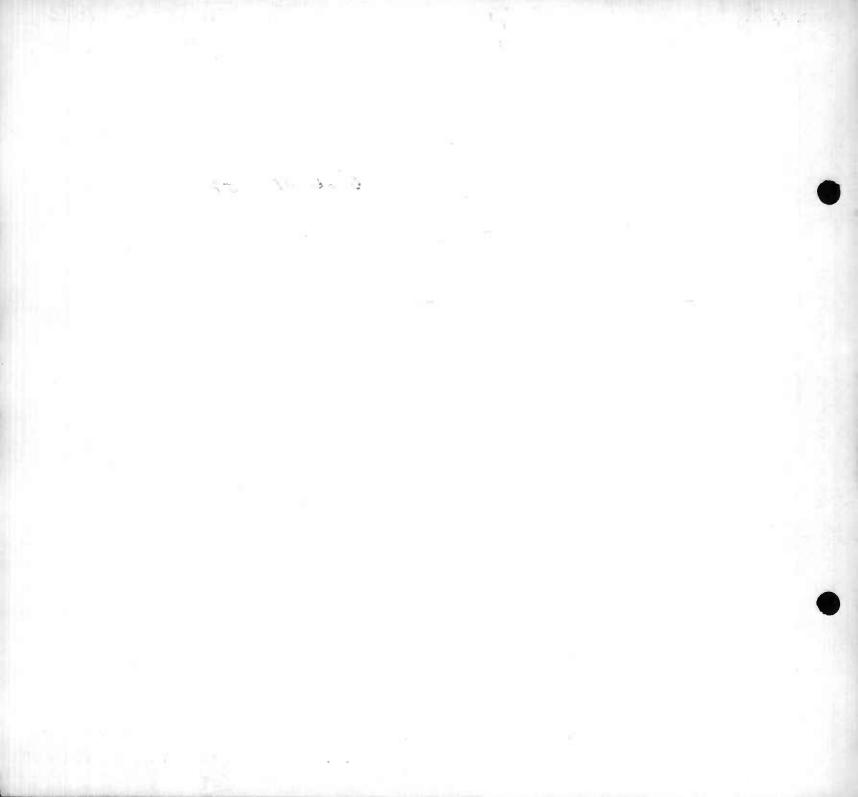
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VS 150-REV. 1/1/65

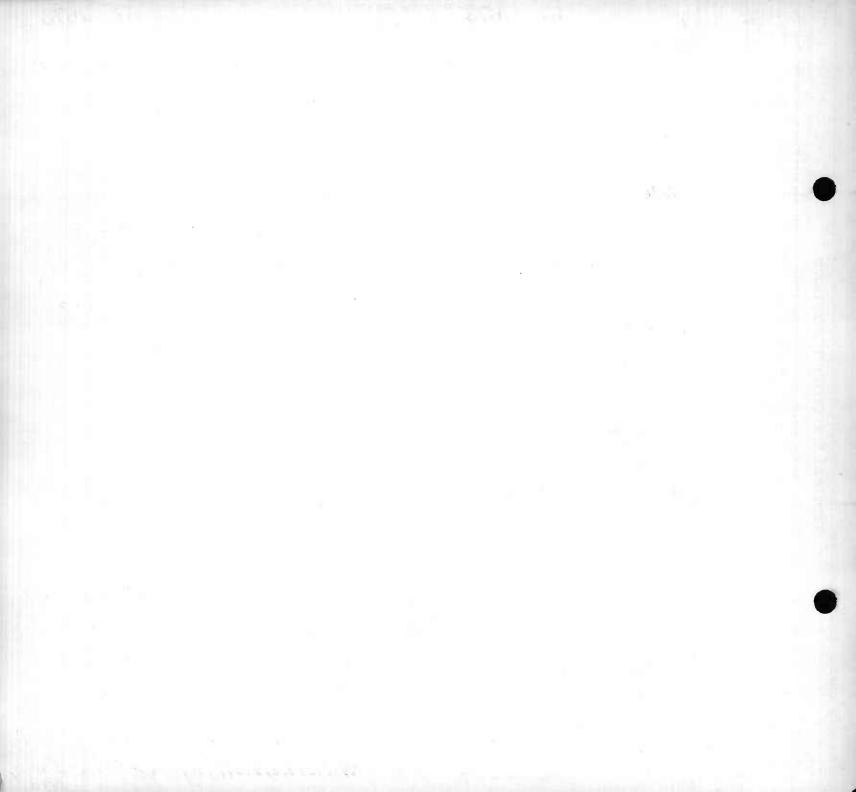


67. 7672 BALTIMORE CI	TY HEALTH DEPARTMENT	67 7672				
CERTIFIC.	ATE OF DEATH Registered No.	01 1012				
M.E. CASE NO. 1. NAME OF DECEASED HELEN TELLJOHANN (Type of Point)	2, DATE AND HOUR OF DEATH	10				
(Type or Print) TELLJOITANN / TELEN	Bus. 9. 196	7 5:15A				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased fived, If in	stitution: residence before admission				
	A. STATE B. COUNTY	p 00-0				
FULL NAME DF (If not in hospital or institution, give street HOSPITAL OR oddiess or location)	C. CITY OR TOWN (If outside city limits, write					
INSTITUTION	Bultimine	ROKAL ONG GIVE TOWNSHIP)				
5 church Home of Hoop.	D. STREET ADDRESS (If jurol, give location)	3.3.00				
	4701 Ellesar	aur.				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE QF BIRTH, 9. AGE (In years	If Under 1 Yr. , If Under 24 Hr				
WIDOWED DIVORCED (specify)	6/26/09 lost birthday	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.				
Widowed 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST		12. CITIZEN OF				
done during most of working lile, even if retired)	anauland-	WHAT COUNTRY?				
Housewife -		ash				
3. FATHERS NAME Edmund J. Zacharski	14. MOTHER'S MAIDEN NAME Julia H	oppe				
Ednin Zachuski	Julia Hoppy					
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown)(If yes, give wor or dates of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Jonice Moramoki	4701 Elleson				
	OF DEATH	INTERVAL BETWEEN				
5 6 / 10	OF DEATH	ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	epstie Eksuffi cunci					
(This does not mean the mode of dying, e.g., DUE TO	/					
heart follure astherio etc. It means the disease						
ANTECEDENT CAUSES (B)	tel cirkosis	years				
DISEASES OR CONDITIONS, if ony, giving						
UNDERLYING CONDITION lost.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
DISEASE OR CONDITION CAUSING IT.	100 A					
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?				
ш	NO (III)	Circuit and the state of				
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?	e City, give exact location)				
U STATE OF THE STA						
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
(APPROX.) While At Not W						
22. I certify that (1) (this hospital) attended the deceased from aug 6 19 67 to Cery 9 19 67						
that (1) (we) last saw the deceased alive an unit of the dat ond that in (my) (our) opinion death accurred an the dat						
and haur and from the causes stated above. (1) (We) (did) (did nat) view the body ofter death.						
23A. SIGNATURE M.D. A	Attending Med. Stoff	23B. DATE SIGNED				
macury	Phys. Director Phys.	1107				
23C.PHYSICIAM'S NAME (Type)	23 D. ADDRESS	11				
NENITA SUAREZ M.	o. church Hour +	Hosp.				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (Q	(Stote)				
Burial 8/12/67 Holy Rosary	Baltimore,	Maryland				
25A. DATE REC'D BY HEALTH DEPT. [25B. NAME OF REGISTRAR						
	M.F.SADOWSKI & SONS,	1808 EASTERN AV				
AUG 1 1 1967 R. C. B. E. FrakeyMa	1 -					



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VS 150-REV. 1/1/65



A.E. CASE NO.			CERTIFICA	TE OF DEATH		67 7674
NAME OF DEC	Lucie Daven	ort Ped	dicord	2. DATE	10 ling 67	IA
	ATH IN BALTIMORE, MA	RYLAND	milir Istomic	4. USUAL RESIDENCE (V	Vhere deceosed lived. If	institution: residence before odmissi
FULL NAME C	OF (If not in hospital	or institution,	give street	Md B	altimore	
HOSPITAL OR	oddress or locotion	ARATE	NDED	c. CITY OR TOWN OF BAltim	outside city limits, write	RURAL and give township)
TIV FT	FICATE	ANI L	NDED	D. STREET ADDRESS	(If rural, give location)	
10			9/1967	2211 W.	Rogers Ave.	
F F	Gauc.	MIDOME	LOWED (specify)	6-10-1876	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	UPATION (Give kind of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housew	ife			White Stone	Va.	U.S.A.
3. FATHERS NA	ME			White Stone 14. MOTHERS MAIDEN I Maria Isab	ella Eustace	
	liam H. Daver			Isabelle#	E Blistace	
. Was Deceased es, no or unknow	Ever in U. S. Armed For	ces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		6815 BrenHeim Rd.
				Virginia Lee	Peddicord,	Baltimore, Md. 212
18. 153	8 1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIE LEADING TO DEATH	RECTLY	0	uoma colon		
(This does	(This does not mean the made of dying, e.g., DUE TO					
hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES (B)					
	DISEASES OR CONDITIONS, if any, giving					
rise la lh	e above cause (A)		(C)		000 0 00 00 00 00 00 00 00 00 00 00 00	
UNDERLYIN	G CONDITION last.					
TO THE D	IFICANT CONDITIONS CONTINUED TO THE PROPERTY OF THE PROPERTY O	ATED TO TH				
19A. DATE OF	OPERATION 198. CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF	y 66 WAS PER		colon	710	IN CERTIFYING CA	AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21 B.	PLACE OF INJURY (e.g., i	or obout 21 C. WHERE DIE fice bldg., INJURY OCCUR	(If in Boltima	re City, give exoct tocotion)
21D. TIME	(Month) (Doy) (Yeor)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
OF INJURY		Whi	le At Not While At Work	e 🗌		
22. L certify	that (1) (this haspital			16 Frely	19 66 to 1	c aug 1967
	lost sow the decease		8 aug	19 /2 7 and		inion death occurred on the
			\ (\\-\) (\did\) (\did\) (\did\) .			mion deoth occurred on the
	ond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE					
	NA	als.	M.D. Atte	ending Med.	Stoff	11 aug 67
-100	un joani	ar	Phy	s. Director L	Phys.	11 cong 6/
Jole	27/1			-0-0707		
-66	Гуре)	17/2	- h 44 B	1 FOO		
Z3C. PHYSICIA NAME (1	Dr. John				th Ave. Balt	
23C.PHYSICIA NAME (1) 4A. BURIAL CRE REMOVAL (Buria	Dr. John MATION, 248. DATE Specify Aug. 12	24C. N	aby M.D. ME of CEMETERY OF CRI Oodlawn			City, town, or county) (State
23C.PHYSICIA NAME (1) 4A. BURIAL CRE REMOVAL (Buria	Dr. John MATION, 248 DATE Specify)	24C. N	oodlawn		Baltimore, 1	City, town, or county) (Stat

8/16/67 - Correction form from funeral director.

Cm mc	BALTIMORE CITY	HEALTH DEPARTMENT		67. 7675			
BIRTH NO. 67 76"	CERTIFICA	TE OF DEATH	Registered No	01, 1010			
M.E. CASE NO. 1. NAME OF DECEASED B.		2. DATE A	ND HOUR OF DEATH	н			
Type or Print) CLARA TYLER		8-0	9-67	4:15 P			
PLACE OF DEATH IN BALTIMORE, MARYLAND			ere deceased lived. If	institution: residence before admission			
-11		A. STATE B. COU	NTY				
FULL NAME OF (If not in hospital ar institution HOSPITAL OR oddress or location)	n, give street	MARYLAND					
INSTITUTION	* *	utside city limits, wite	RIVRAL and gise toy nahip)				
27-		BALTIMORE					
THE JOHNS HOPKINS	HOSPITAL	1431 E. FE	f rurol, give location)				
				1			
	D, NEVER MARRIED /ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Haurs Min.			
	RRIED	11-27-07	59				
DA. USUAL OCCUPATION (Give kind of work 10 B, KIND		11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?			
one during most of working life, even il retired)		779		WHAT COURTET?			
Domestic		Virginia 14. MOTHERS MAIDEN N.	AAAE				
		14. MUINERS MAIDEN N.	MIVIE				
THOMAS HAMPTON							
5. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of service	16. SOCIAL	17. INFORMANT		ADDRESS			
yes, give wor or dotes of service							
	212-32-4095		Tyler 143	l E. Federal St			
18. 330 XI	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY	1	,	1 0	-/			
LEADING TO DEATH	(A) 1/14	warchn	nex nome	miliage 5 m			
(This does not mean the mode of dying, e.	g., DUE 10	NO 00 000 100					
	heart failure, asthenio, etc. It means the disease,						
injury or complication which caused deoth.)							
ANTECEDENT CAUSES	DUE TO	p\$					
DISEASES OR CONDITIONS, if any, givin	- 1	1					
rise to the obove couse (A) stating the	he (C) /40	pertension					
UNDERLYING CONDITION lost.	V						
_ 11							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO							
DISEASE OR CONDITION CAUSING IT.							
	R WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
WAS PERFORMED		00	SES OF DEATH!				
2 21 A. ACCIDENT WAS UNDERLYING [18. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltime	ore City, give exact location) .			
OR CONTRIBUTING CAUSE OF h	ome, form, foctory, street, of	tice bldg., INJURY OCCUR?					
OF INTURY	1E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	While At Not While						
Work At Work							
22. I certify that (4) (this haspital) attended the deceased from 1230p 8/9 1967 to 425pm 8/9 1967							
that (1) (ma) last saw the deceased alive an 8/9 1967 and that in (my) (aur) apinion death accurred on the da							
and haur and from the causes stated obove. (1) (We) (did) (did nor) view the bady after death.							
23A. SIGNATURE	4	The body diter death	•	23B, DATE SIGNED			
1 cm 1 011	M D Atte	nding Med.	Stoff 1	0/0/-			
6. Muchael Un	cent M.D. Atte	nding Med, Director	Phys.	8/4/67			
23C. PHYSICIAN'S NAME (Type) C. M. T. L. T. T.		23D. ADDRESS					
G MINIAEI	1/11/0 FA 10M.D.	JOHNS	Manujar	s blassing			
4. MINIAL CREATION SIGNATURE	VINCENT	JOHNS	TOPKIN.	SMOSPITAL			
4A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME OF CEMETERY OF CRE	MATORY 24D,	LOCATION	City, town, or county) (State			
Burial 8/13/67	e of REGISTRAR.	01	+ + 1 = - [m a	Tro.			
SA. DATE REC'D BY HEALTH DEPT-00-25B, NAM	E OF REGISTRAL	25C. FUNERAL DIRECTO	REPLOS CIT	ADDRESS			
WOOTT 1961 (15.0)	B. Fr. D. MI	145 6 34					
1000	men - , managina	Wm C Marc	n 928 E.	North Ave.			

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VS 150-REV, 1/1/65

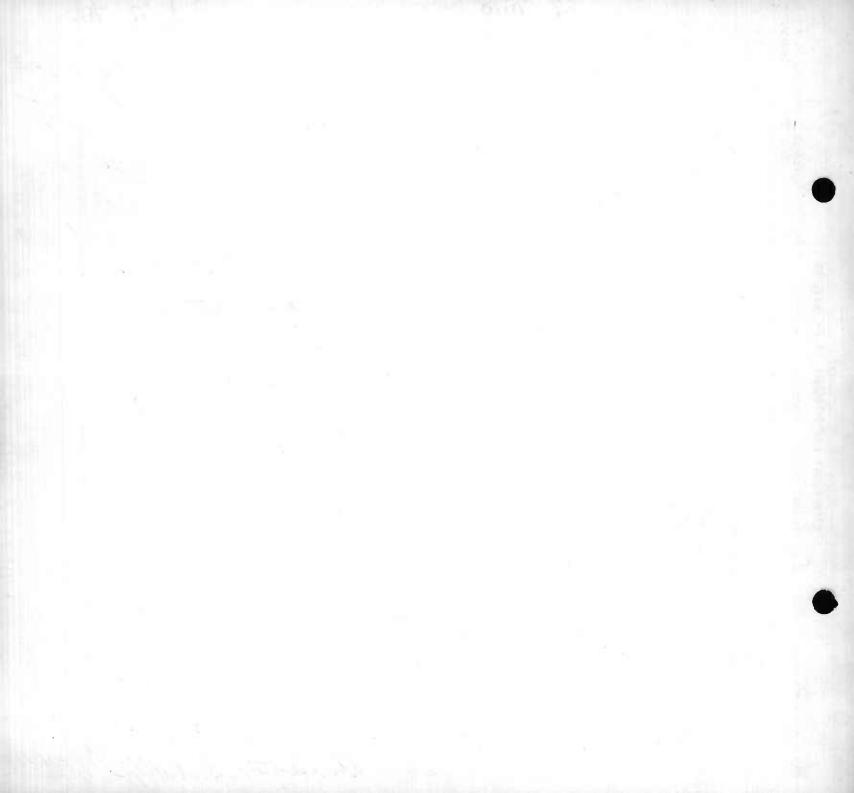
Peters Hopkins Haspier 1813 & North Con-Thanse Regro 12-4-1901 5 0 ...

67, 7677 BALTIMORE CI	TY HEALTH DEPARTMENT 67. 7677
BIRTH NO. MEDICAL EXAMINER	R'S CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
	WELACE August 5, 1967 2:18 P. M. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STE HOSPITAL OR ADDRESS OR LOCATION)	Maryland
	Baltimore / 0
1051 N. Central Avenue	D. STREET ADDRESS (If rurol, give locotion)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIE	D 8. PATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Iost birthdoy) Months, Doys, Hours, Min.
WIDOWED, DIVORCED(speci	ily) Months, Doys, Hours, Min.
Male Negro Willed St. 10A. USUAL OCCUPATION (Give kind of work 10 M. KIND OF BUSINESS OR 1	INDUSTRY M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
dane during most of working life, even if retired)	Kala Lord Virginia WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
I flory Tavelac	e Bettil Ballou
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war excloses of service)	O. 17. INFORMANT ADDRESS
18. 4 0 0	CAUSE OF DEATH INTERVAL BETWEEN
72211	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	rteriosclerotic Cardiovascular Disease
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	10
injury or complication which caused death.)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE (B) DUE	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	10
= CONTRIBUTION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	ION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
V 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJU UNDERLYING □ OR CONTRIB- to UTING □ CAUSE OF DEATH.	JRY (e.g., in or about 21C. WHERE DID (If in Baltimore City, give exact location) street, office bldg., INJURY OCCUR?
21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OC	CURRED 21F, HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT WORK	NOT WHILE
22. I certify that I held an Inquiry Inspection	X Autapsy and that an this basis, death in my apinlan
resulted fram: Notural causes X Accident	Suicide Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE Wash - (~	M.D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 8/6/67
	METERY or CREMATORY 23D. LOCATION (Gity, town, or county) (Stote)
Remarks 08/9/67 71/ille	une Men. R. Kranske 7/A.
24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
AUG 11 1967 Relate E. Jal	Cambar Centi Formeral Mirgeria
VS 151-REV. 1/1/65	The war will funcial wifer

IMPORTANT

DIRECTOR:

FUNERAL



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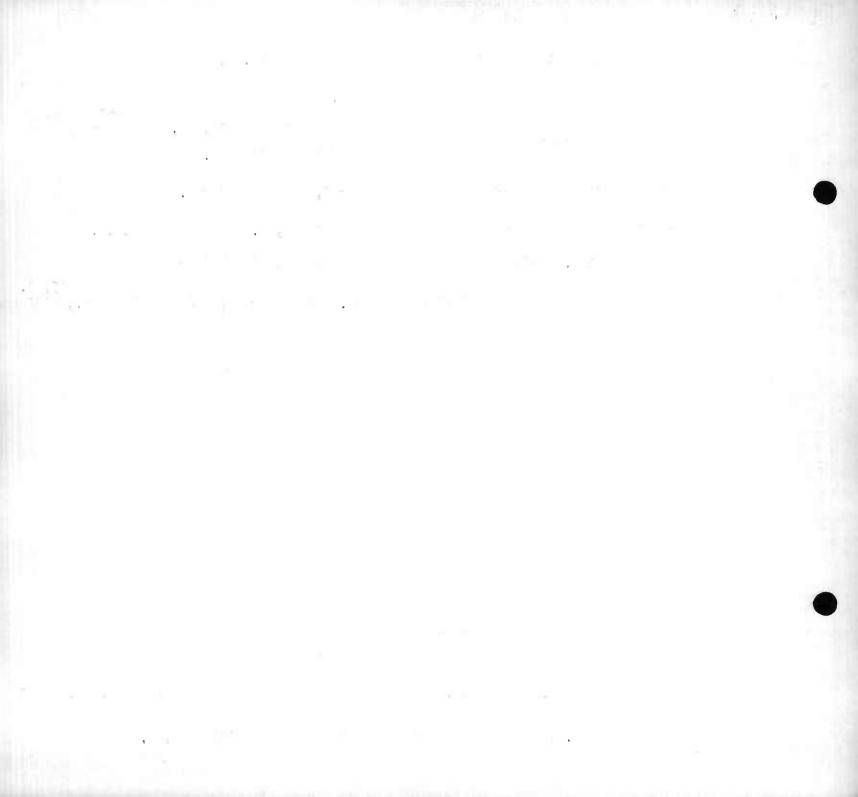
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BALTIMORE CITY HEALTH DEPARTMENT

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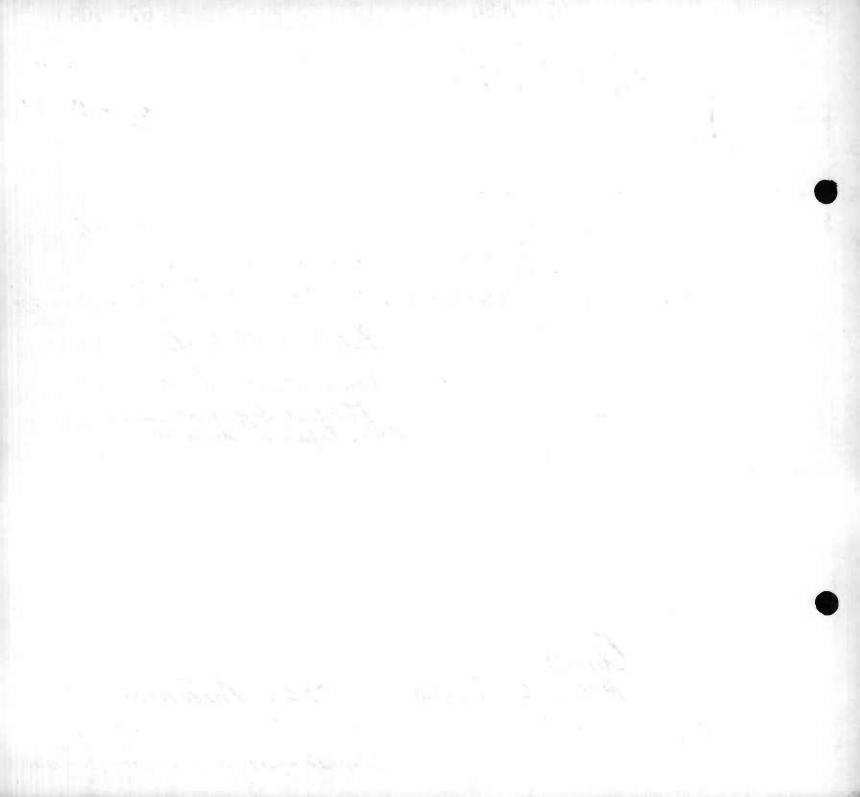
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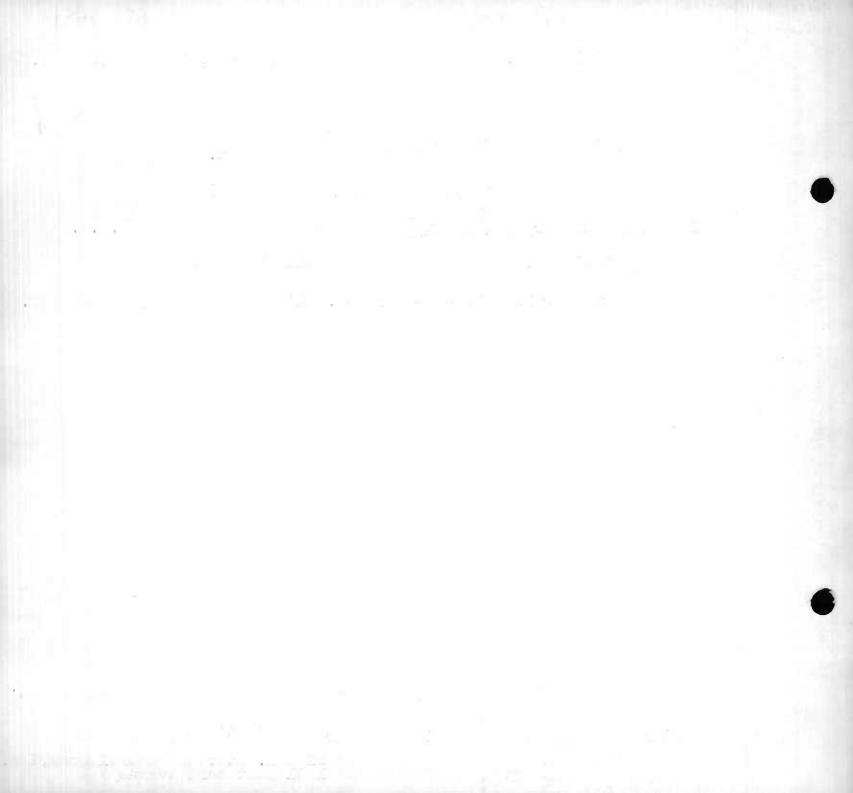
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BI	тн но.	CERTIFICATE OF DEATH	Registered Na. 0/ / 680
	E. CASE NO.	DAYE AN	ID HOUR OF DEATH
	pe or Print)	T. DATE AN	NO HOUR OF DEATH
	/ KANGIS DOR	LEE IKUR8	-10-6/ 6.15 H.M.
3.	PLACE OF DEATH IN BALTIMORE MANUAND	A. STATE B. COUN	re deceased lived. If institution; residence belare admission).
Ш,	FULL NAME OF (II not in hospital or institution, give	sheet Manula	NO 2-01
	HOSPITAL OR address or lacotion) INSTITUTION		tside city limits, write RURAL and give lawnship)
W	THE HOLE	B. Him	1PE #7/2.30
14	3	D. STREET ADDRESS (IF	rural, give location)
1	South Baltimans GEN	smal Hospy 10421 So	Charles St.
5.	SEX GRACE TO MARRIED, NE		9. AGE (In years II Under 1 Yr., If Under 24 Hrs.
	m III WIDOWED, D		last birthday) Months Doys Hours Min.
II_	I all white I have	reed 6-26-68	39
10	A, USUAL OCCUPATION (Give kind of work 10 B, KIND OF BU	SINESS OR INDUSTRY 11. BIRTHPLACE (State or larei	ign country) 12. CITIZEN OF WHAT COUNTRY?
1	Construction Constru	wetron portifor	* KN- V-SA
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME
	alle Hann	to (2.1.1)	0 .
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1.5 (Y	(If yes, give war ar dates at service)	SOCIAL 17. INFORMANT	942- B ADDRESS & C.
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1	18. 5 44 0 45	CAUSE OF DEATH	Johnson, Backo May 2/204
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	injury or complication which caused death.)	Conco St.	to down 25 day
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Ш	DISEASES OR CONDITIONS, if any, giving	Market 1	Lu - 2: 1 : 2:
Н	rise to the above cause (A) stating the	(C) / Curuca ST	The produceres - 2 months
	UNDERLYING CONDITION lost.	Post- Repaired	galdice alex
11 -	11		
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OITA	DISEASE OR CONDITION CAUSING IT.		
COTICIO	19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION 20A. AUTOPSY? (Yes or No	20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0	2	VES	
1 2	21A. A CCIDENT WAS UNDERLYING 21B, PLA	ACE OF INJURY (e.g., in ar about 21C. WHERE DID larm, loctary, street, office bldg., INJURY OCCUR?	(If in Baltimare City, give exact location)
	DEATH (natify medical examiner) etc.)	dim, locidly, sheet, office bldg., INJORI OCCUR:	
11 8		JURY OCCURRED 21 F. HOW DID INJ	LIBY OCCUP?
AAED	OF INJURY (A PROCY)		ONI OCCUR:
"	(APPROX.)	At Work	
	22. I certify that (+) (this hospital) attended the c	deceased from 7-20	19 67 10 8-10 19 67
	that (we) last saw the deceased alive an	0-11	nat In (aur) apinian death accurred an the date
		The state of the s	in the date
	and haur and fram the causes stated abave. (1) (V	(e) (did) (did nat) view the bady after death.	
	23A. SIGNATURE		23B, DATE SIGNED
	Cumsto.	M.D. Attending Med. Director	Staff Phys. 2 8-10-67.
	23C. PHYSICIAN'S	23D. ADDRESS	
	NAME (Type) HBD() 6	10F541 M.D. SB611	Relli hone
	1,000 90	7-2717	sau ,
24	A. BURIAL CREMATION, 248, DATE Sag 24C. NAME	e of CEMETERY of CREMATORY 24D.	Configuration (City, town, on county) (State)
1	Busiel. Clus 1267 Le	y cary and on	rong Jame And 41001
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF R	REGISTRAR 25C. FUNERAL-DIRECTO	CURTIS E. EVANS ADDRESS
	AUG 11 1967 P. R. P.	In a Course	400S.CHARLES ST AND1236
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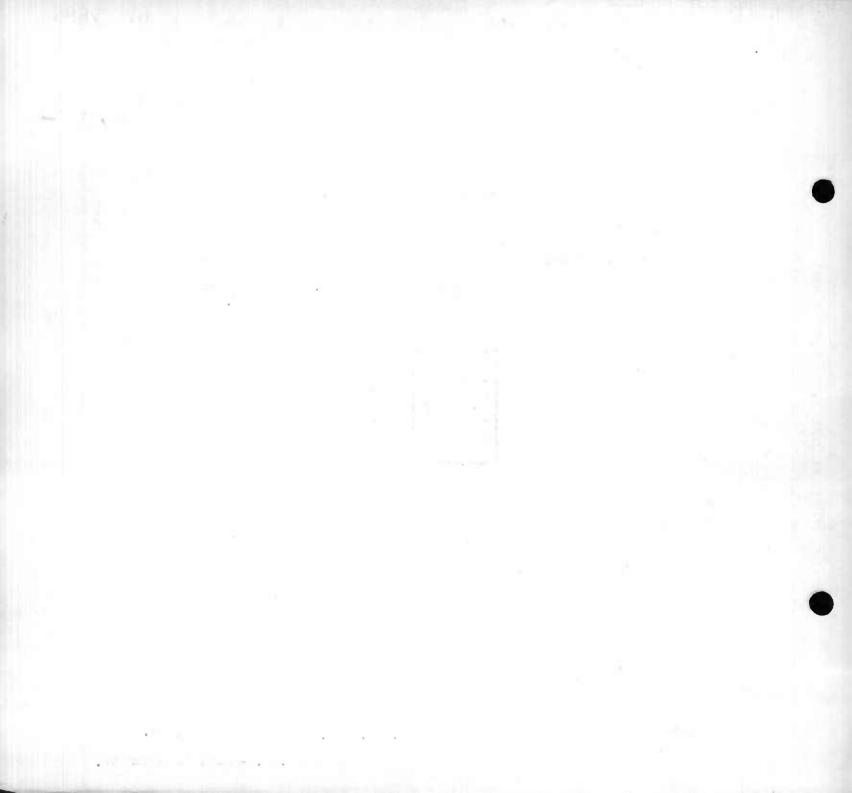
a hospital and

	ME OF DEC	EACED		CERTIFICA	la DATE	AND HOUR OF DEATH	
	or Print)	Willi	am J.	Keen		gust 9, 19	
FU HC	LL NAME ODSPITAL OR	oddress or l	spital or institutio acation)	on, give street	A. STATE B. CO A. STATE B. CO Maryland C. City or town (III Baltimore D. STREET ADDRESS	Vhere deceased lived. If UNITY outside city limits, were (If rural, give location)	RURAL and give towastin
					1438 Tows		
	M	6. RACE	WIDOV	ed, Never MARRIED (specify) ivorced	1/6/1914	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
FI	JSUAL OCCI during most of Nanci	al Secre		of Business or Industry ilermakers ocal # 193	11. BIRTHPLACE (Stote or Maryland 14. MOTHER'S MAIDEN		12. CITIZEN OF WHAT COUNTRY? U.S.A.
30 FA	AIREKS NAP		m J. Ke	en		beth Helde	r
5. W	as Deceased to or unknown Yes	Ever in U. S. Armo	ed Forces? or dotes of servic	1 6. SOCIAL	17. INFORMANT		ADDRESS
		SE OR CONDITION	ATH	CAUSE O	l rminut	Lings Ca	INTERVAL BETWEEN ONSET AND DEATH
i	neort foilure, njury or con	asthenio, etc. It n aplication which co ANTECEDENT CA	oused deoth.)	(B)DUE TO			
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I.NAME OF DECEASED (Type or Print) DARNEILA Niles		10.00		
Darnella Niles		2. DATE	AND HOUR OF DEATH	
		7	128/67	18:-
3- PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (V	There deceased lived. If it	nstitution: residence be
FULL NAME OF (If not in hospital or institution	, give street	MA	RULAI	1/1
HOSPITAL OR oddress or location)	/	C. CITY OR TOWN	outside city-limits, write	RURAL and give tow
INSTITUTION GEO, WASh. CARVE	K Maksing His		TIMOI	REA6
40 100		D. STREET ADDRESS	(If rurol, Give location)	11 05
1 60% Tenm. AVE		7140 545	red toe	-17 H
/ WIDOW	D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys He
temale Negro		5-27-1885	82 90	
10A. USUAL OCCUPATION Give kind of work 10B. KIND (done during most of working life, even if retired)	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUN
Unknown		Unknown	7	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
unknown		unkno	1410	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	w/)	ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service)	and 1	11. 6		
N 0	CAUSE	OF DEATH		
44 201/				ONSET AN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ronary reclu	nin-Reis	E 6 hrs
(This does not mean the made of dying, e.g	DUE TO	en licterio - Que nomie Brain		6 6 7 7
hearl foilure, asthenio, etc. II means the diseas- injury ar complication which caused death.)	6.	11	. 1	11anhan
ANTECEDENT CAUSES	(B) CT	eniliterio ge	Corer	00-0700
DISEASES OR CONDITIONS, if any, givin	g N	n . n	c /	4 / 1
rise to the obove cause (A) stating the UNDERLYING CONDITION lost.	e (C) Liv	rome 1970en	Syndrom	Unter
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.	HE			
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE	FINDINGS CONSIDER
C C C C C C C C C C C C C C C C C C C		no		COSES OF DEATH:
OR CONTRIBUTING CAUSE OF	ome, form, foctory, street,	, in or obout 21C. WHERE DID office bldg., INJURY OCCUR	(If in Boltimo	re City, give exact loc
U	c.)			
OF INJURY	E. INJURY OCCURRED		INJURY OCCUR?	
≥ (ADDOOV)	/hile At Not Wi	hile h		
22. I certify that (1) (this haspital) attended		2/16	1966 10 7	128
that (1) (we) lost sow the deceased alive an	7/27	19 6 7 ond	that in (my) (aux) op	
ond hour and from the couses stated above.		•		an death occurre
23A. SIGNATURE	(1) (1) (da) (dia nat)	view the body diter deat	П.	23 B. DATE SIGNED
GG Hold		ttending Med.	Stoff	9/1/
23C. PHYSICIAN'S		hys. Director	Phys.	0/1/61
23C. PHYSICIAN'S NAME (Type)	+	23D. ADDRESS	4 111	DAL
411101	/ M.C	Ollariaci	4 Hots aux	, balline
24A. BURIAL CREMATION, 24B. DATE 24C.1	AME of CEMETERY OF C	REMATORY 240	LOCATION	ity, town, or county)
Bur, w/ 8/6/69 M	A. Chlve	ru (her Burn	e Mor
ALID I S COOT A	OF REGISTRAR	23C. FUNERAL DIRECT	TOR /	ADDRI
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S 150-REV. 1/1/65 ~			10.0	

3 3-0		06 600		Y HEALTH DEPARTMENT		CD 70	200
BIRTH N		67. 768	3 CERTIFICA	TE OF DEATH	Registered No.	67 76	583
	E OF DECEASED.			To DATE	AND HOUR OF DEATH		
(Type or		Z1. 6041.	Fouts	8	-8-67	1 3:	15 P M
3. PLAC	E OF DEATH IN BALTIA	HORE, MARYLAND	700	14. USUAL RESIDENCE (W	0 ()		
1				1	UNTY		6
FULL	NAME OF (If not in process)	n haspital or institution, or location)	give street	C. CITY OR TOWN (IF	outside city limits, write	MIPAL and give tow	Institut f
INSTI	TUTION	N P	NES	Balls	ouiside city minis, water	7 X "C	
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7	0 2525 2	J. Jelow	ecleu	4421 81	to lake		
5. SEX	6. RACE	7, MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. ASE (In years		If Under 24 Hrs.
E	11	Widow	D, DIVORCED (specify)	2/22/81	lost birthday	Months Days	louis Min.
10A. US	UAL OCCUPATION Give			Y 11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF	<u> </u>
	ring most al working life, ever	n if retired)		Indiana		WHAT COUN	NTRY?
	Housewife				1444		
13. FAT	HERS NAME	ndaerr		14. MOTHER'S MAIDEN N	Vorhees		
	Festus Li	ndaay					
15. Was	Deceased Ever in U. S. or unknown) (If yes, give		1 6. SOCHL SECULIES NO.	17. INFORMANT Ester	Buehler	ADDRES	S
	, , , , , ,	war ar dates at service)	1.5	4421 Rokeb			
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	LEADING TO	D DEATH	NASY			32	
	is daes not meon the oit foiluie, osthenio, etc.	made of dying, ag	7 19	miorian 14	eart Disea	e0	
	ury or complication which	ch coused deoth.)	TO TO	T. C.	· Oumi-		
	ANTECEDENT	ch coused death.) CAUSES ONS, if any, giving	0, 2, 50 TO	estecco ve	ercous		graph de pelo porto port
DIS	SEASES OR CONDITIO	ONS, if any, giving	200	Leville			
	e to the above co	ouse (A) stoting the	MC52	receig			
01	DEKLING CONDITION	N 10ST.	- E	- A			
Z	HER SIGNIFICANT CON	DITIONS CONTRIBUTION		0, 114/	in green 47	15/7	
E TO	THE DEATH BUT	NOT RELATED TO TH	IE TOV	lun Ith	T'/ 'T'	1	
U 19A	DATE OF OPERATION	198. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSID	ERED
21 / 21 /	7/7/67	WAS PERFORMED	RX Hup		IN CERTIFYING CA	USES OF DEATH?	
U 21 A	A ACCIDENT WAS UND	ERLYING 21E	PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID office bidg., INJURY OCCUR	(II in Baltimor	e City, give exact la	acation)
	ATH (natily medical exam		e, torm, loctory street,	P. OD 111/5	1 Rokels	RR BUP	to mid
0 210	D. TIME (Month) (Do	gy) (Year) (Haur) 21E	INJURY OCCURRED	21F. HOW DID	INJURY OF CUR? Z	-00 7 B	1.01
S OF	INJURY 7/4/	17 Pm WI	ile At 🗆 Not Wh	ile of acpir	lenfally +	Did in	le le
	1111	We	rk At Wor	o the	swill on	Pretto 7	ner years
22.	I certify that (I) (this	s haspital) attended t	he deceased from	7119	196 1 to Ce	mg 8.	196
tho	ot (I) (we) last saw the	e deceased olive on.	any 8	17 19 6 / ond	that in (my) (our) op	nion deoth occur	red on the dote
one	d hour and from the co	ouses stated above. (I) (We) (did) (did not)	view the body ofter deat	th.		
23A	SIGNATURE	1	2	,		23 B. DATE SIGNE	D
	(netwee	elsyer	M.D. A	ttending Med. Director	Staff Phys.	8/8/6	7
230	PHYSICIANS	2 1	1,	23D. ADDRESS		2 11-	/
	NAME TYPE	Yaul BYE	erly M.D	5820 Y	ork Rd	Multo 21	2/2 mos
246 81	URIAL CREMATION, 24B	DATE 124C.N	AME of CEMETERY of C		LOCATION (C	ity, tawn, or county)	(State)
RI RI	EMOVAL (Specify)						Valuter
			oreland Mem.		Baltimore, 1		DECE
25A. D	ATE REC'D BY HEALTH		OF REGISTRAR	Witzke F. I) 4101 Edm	andsn Av.	KE22
	AUG 11	1967 R.O. A.	r E. Farkeyra		Amor Treatile	70-10HBA 447 6	
VS 150-	-REV. 1/1/65	Jan Ca					





1	1	1-	-	
7	100	iny nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	except where the physician who pronounced death was in regular attendance on the Ul	-
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing source of death	hows: (1) An accident of a	was D.O.A. at a hospital (condeceased prior to death).	written approved must be obtained before the semants are substituted for the semants of the sema
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	nis h	¥ OL	908	
	中共	S	₹	3

/T	AME OF DEC	EASED TO		2. DATE A	ND HOUR OF DEATH	
LIYE	pe or Print)	Marjorie E.	Thman	8-	9-67	1640 F
3. F	PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND		ere deceased lived. If	institution: residence before odmi
-	FULL NAME OF HOSPITAL OR NSTITUTION	oddress or location		C. CITY OR TOWN (If o	utside city limits, write	RURAL and give to winship)
1	00 4	.944 Lindsay I	rd.		f wol, give location)	8 0 7
5. \$	F	6. RACE	7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specify) Married	8. DATE OF BIRTH Apr. 26/21	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 20 Months Doys Hours A
		working life, even if retired)	Hochschild Kohn			12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM Late	- John Gilli:	ss	14. MOTHER'S MAIDEN NA Edna Mar		
15. Yes	Wos Doceosod s, no oi unknown No	Ever in U. S. Armed For (If yes, give were or dete	os of service) 16. SOCIAL SECURITY NO. 214-18-0960	17. INFORMANT Mr. Edgar Eh 4944 Lindsay	nman 7 Rd.	ADDRESS
	DISEAS	I SE OR CONDITION DIF LEADING TO DEATH		rcinoma of	breasi	INTERVAL BETWEEN ONSET AND DEAT
	heoil foiluie,	not meen the mode of osthenio, etc. It meens application which coused	the disease, death.)		00	
			in vec	ica, Talle	andle	TUV
	DISEASES C	ANTECEDENT CAUSES OR CONDITIONS, if obove couse (A)	(B) DUE TO ony, giving sloling lhe (C)	rcinoma of ug lsvier metastas	ano(x	7016
TION	DISEASES (iise to the UNDERLYING OTHER SIGNI TO THE D	DR CONDITIONS, if be obove couse (A) G CONDITION lost.	CONTRIBUTING ATED TO THE	metaslas,	and s	THE
RTIFICATION	DISEASES (iise to the UNDERLYING OTHER SIGNI TO THE D DISEASE OR	DR CONDITIONS, if b obove couse (A) G CONDITION lost. II IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION		lo) 20B. 1F YES. WERE	FINDINGS CONSIDERED AUSES OF DEATH?
L CERTIFIC	DISEASES (iise to the UNDERLYING OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF	OR CONDITIONS, if be obove couse (A) G CONDITION loss. II IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION 19B. CON	CONTRIBUTING ATED TO THE LT. IDITION FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g.		(o) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
ICAL CERTIFIC	DISEASES (iise to the UNDERLYING OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF	OR CONDITIONS, if b obove couse (A) G CONDITION lost. II IFICANT CONDITIONS CONDITIONS CONDITION CAUSING OPERATION 19B. CONWAS PERION NT WAS UNDERLYING JTING CAUSE OF	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	20A. AUTOPSY? (Yes or No., in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFIC	DISEASES (iise to the UNDERLYIN (OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify) 21D. TIME OF INJURY (APPROX.)	OR CONDITIONS, if a obove couse (A) G CONDITION lost. II IFICANT CONDITIONS CONDITION CAUSING I OPERATION 198. CON WAS PERIOR WAS PERIOR CONDITION CAUSING I OPERATION 198. CON WAS PERIOR CAUSE OF medicol exominer)	CONTRIBUTING ATED TO THE IT. DIDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W	20A. AUTOPSY? (Yes or No. 1) and office bldg., INJURY OCCUR? 21F. HOW DID IN this in the control of the contro	20B. 1F YES, WERE IN CERTIFYING C. (If in Boltimo	E FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFIC	DISEASES (iise to the UNDERLYING OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	OR CONDITIONS, if a obove couse (A) G CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTING ATED TO THE IT. DIDITION FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At Not Work At Work 1) attended the deceosed from	20A. AUTOPSY? (Yes or No., in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN thile the second of the secon	JURY OCCUR? 19 6 7 to	E FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exect location)
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MEDICAL CERTIFIC	DISEASES (iise to the UNDERLYING OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE! OR CONTRIBL DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour and 23A. SIGNATU 23C. PHYSICIA NAME (T	OR CONDITIONS, if a obove couse (A) of CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	CONTRIBUTING ATED TO THE IT. DIDITION FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At Not W Work At Wo At Wo and alive an ted obove. (I) (We) (did) (did fat)	20A. AUTOPSY? (Yes or No. 1) in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN thile 7 9 19 6 7 ond the order of	JURY OCCUR? Stoff Phys. Road	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exect lecetion) 238. DATE SIGNED



1 - 42 PARTH NO.

67. 7686 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 7686

M.1	E CASE NO.								
1. I (Ty)	NAME OF DEC	EASED		4 T 1337 4 337 1170			D HOUR PRONOUNCE		
-	"WILLIE			ALEXANDER		Aug	ust 8, 1967	2	:33 A. M.
3. P	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONOU	NCED DEAD	A. STATE Marylan	nd	deceosed lived. If insti	tution: residence NTY	before odmission)
HO	L NAME OF	ADDRESS OR LOCA		TION, GIVE STREET			e corporate limits, write	RURAL ond give	township)
114.2	TITUTION Courth D	laltimoma Com	omol Hod	mital	Baltim	ore	2	3 6	
	4.3	altimore Gen	erar nos	Spirar	D. STREET ADD		p Street		
5. S	EX	6. RACE		NEVER MARRIED	8. DATE OF BIRT	Н	9. AGE (In years lost birthday)	If Under 1 Yr. Months , Doys	If Under 24 Hrs.
	Male	Negro		DIVORCED (specify)		16.	42		
		JPATION (Give kind of world vorking life, even if retired)	IUR KIND OF	BUSINESS OR INDUSTR	FITT. BIRTHPLACE	(State or foreig	gn country)	12. CITIZEN OF WHAT COL	
13. [FATHER'S NAM	iE ^			14. MOTHER'S N	AIDEN NAM	E		FILE OF
	W	ILLIE HO	LEXAN	DER	Er	AMP			
		D EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	FMMA	ALENA	MOTHER)	40 EDMC	noson Ave
MEDICAL CERTIFICATION	(This does not heard foilure, injury or con A DISEASES (RISE TO THUNDERLYIN) OTHER SIGN	WAS PER CAUSE WAS OR CONTRIB-	dying, e.g., the discose, deoth.) S NY, GIVING TATING THE CONTRIBUTING THE IT. DITION FOR V FORMED	(A) Mu1 DUE TO (B) DUE TO (C)	Ye in or obout 21 C. V	(? (Yes or No) S WHERE DID Y OCCUR?	208. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERES OF DEATH?	Yes
ME	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo) 2	A . W	E. INJURY OCCURRED	21F. H	OW DID INJ		j. drive	r of car -
	ACTUAL SIGNAT EXAMIN NAME (**	URE Werner	uses A	Inspection Au coldent X Suicid	topsy X and the Hamic CHIEF MASSISTANT MASSOCIATE MASSO	d that an thide Colored BEDICAL EXAMPLE BEDICAL EXAMPLE BEDICAL EXAMPLE	is basis, death in m Undatermined manne (AMINER	DA	TE SIGNED
REA	BURIAL CREATION OF A CONTRACT	8-11-	1967		VAT'L CE	ME	ACTO, M	to yn, or county)	(Stote)
244	DATE REC'D	AUG 11 1967		E. Farbeyma		BROWN	SON 1231	W. MONT	1/
VS	151-REV. 1/1/	65 1 (1	0 0						/-

TORUS I HEN THE . I LANGE . SER ELECTRIC LET ELECTRIC ACT.

BURIAL STIFTED BATE BATE BATE BROWN SON HARWAIN HOW THE

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

7. MARRIED, NEVER MARRIED

WIDO WED, DIVORCED (specify)

16. SO CIAL

Nome

Married

SECURITY NO.

Nome

Md.

Norma

17. INFORMANT

Norma

CAUSE OF DEATH

body (Hot Dog)

Mental Deficiency

NOT WHILE X

Autapsy X

(A) Asphyxia

DUE TO

DUE TO

Hospital

21 E. INJURY OCCURRED

Inspection

WHILE AT

m. WORK

HOSPITAL OR

Female

13, FATHER'S NAME

No

18.

CERTIFICATION

5. SEX

Sinai Hospital

6. RACE

done during most of working life, even if retired)

Roland Allen

Negro

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown), (If yes, give wor or dotes of service)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failute, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT . CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

I certify that I held an Inquiry

resulted fram: Natural causes

19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION

(Yeor)

(Hour)

4:00

Werner U. Spick, M.D.

WAS PERFORMED

DISEASE OR CONDITION CAUSING IT.

(Month) (Day)

August 10.

21A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH.

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type) 23A, SURIAL CREMATION.

OF INJURY

(APPROX.)

REMOVAL (Specify)

2. DATE AND HOUR PRONOUNCED DEAD August 10, 1967 4:25 P. M. 4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission)
A. STATE
8. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give lacotion) Rosewood State Hospital 9. AGE (In years last birthday) If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min. 8. DATE OF SIRTH July 25,1951 10A. USUAL OCCUPATION (Give kind of work 10B KM) OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 4. MOTHER'S MAIDEN NAME Purmell ADDRESS Allem, Stockton. INTERVAL BETWEEN ONSET AND DEATH laryngeal obstruction by foreign 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? Rosewood State Hospital 21 F. HOW DID INJURY OCCUR? Subj. choked on a hot dog and that an this basis, death in my apinian

Accident X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER

DATE SIGNED

ASSISTANT MEDICAL EXAMINER XX ASSOCIATE MEDICAL EXAMINER

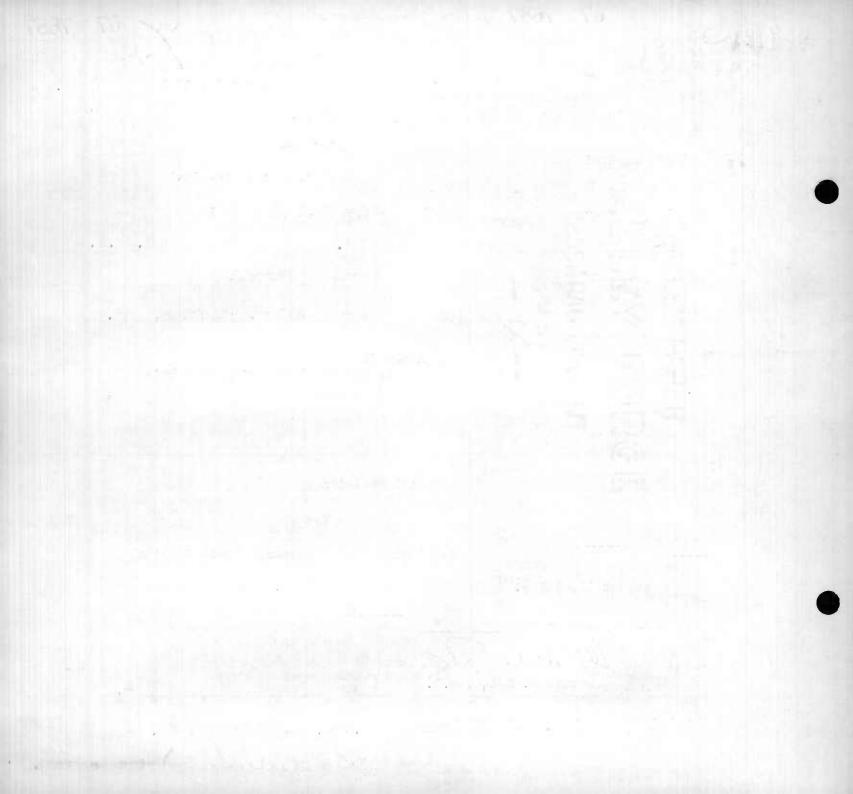
8/11/67

23C. NAME of CEMETERY or CREMATORY

23D. LOCATION (City, tawn, or caunty) (State)

Burial 1967 Home Benef 248, NAME OF REGISTRAR

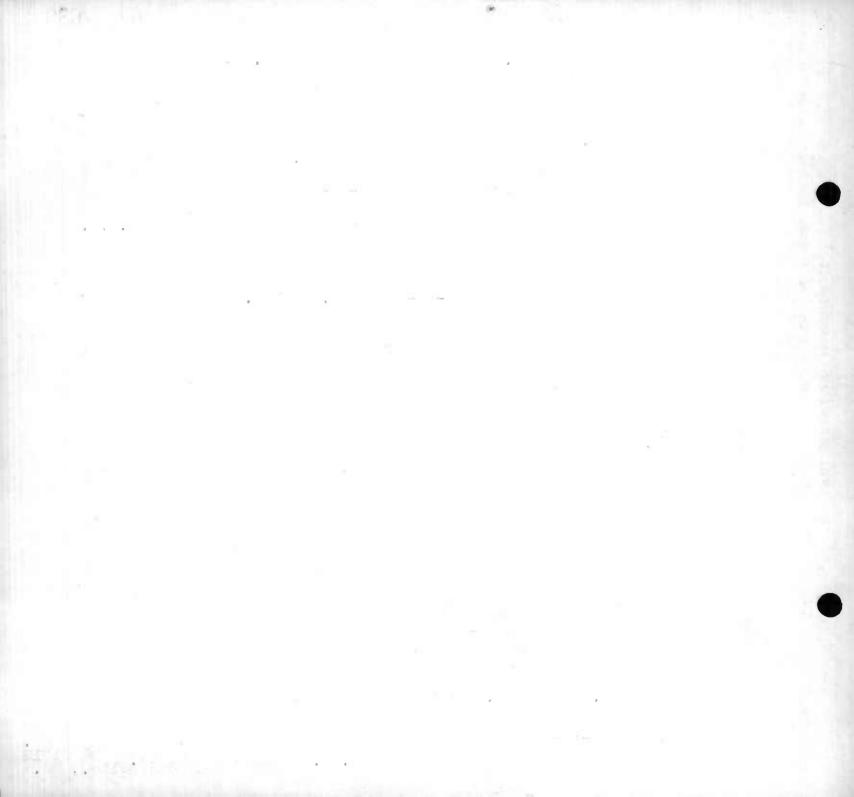
24C. FUNERAL DIRECTOR Nd.



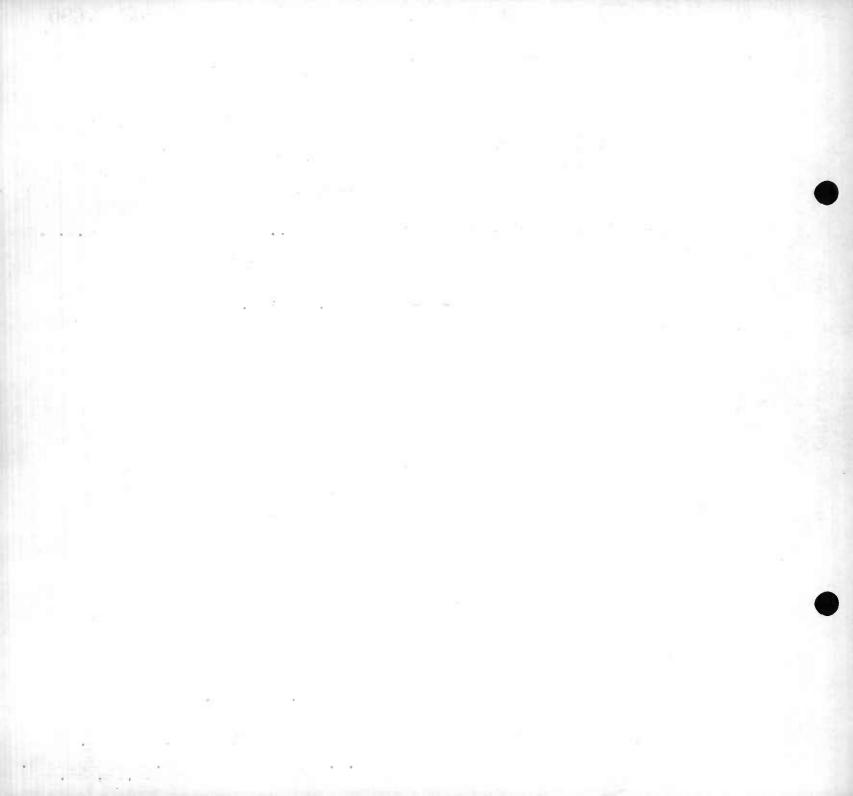
HRTH	67	BALTIMORE CITY	HEALTH DEPARTMENT	1/	rise Contain
	NO.	7688 CERTIFICA	TE OF DEATH	Registered Na.	67 7688
I.NA	CASE NO. IME OF DECEASED or Print) Hellen HAI	LUDE H.	2, DATE AN	D HOUR OF DEATH	3 55
. PL	ACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (When	e deceased lived. If i	nstitution: residence before admis-
	JLL NAME OF (If not in hospital ar insti OSPITAL OR oddress ar lacation)	itution, give street	MARYLAND		Calnest Co
	ISTITUTION	011 1/1	SOLOMONS		RURAL and give township)
11	4 Union Memori	al Hospital		ryral, give location)	0 7-00
7			(ruras)	
. SE		ARRIED, NEVER MARRIED		9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Months Days Hours Mi
	USUAL OCCUPATION (Give kind of work 10 B. Ki during most of working life, even if retired)	IND OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or forei	gn cauntry)	12. CITIZEN OF WHAT COUNTRY?
I	NSURANCE AGENT	retined	· Jolomons	s, md.	1.5,A.
3. F	ATHERS NAME		14. MOTHERS MAIDEN NAM	. 1	
U		LEN	ELIZABE:	TH HA	RWARD
	os Deceased Ever in U. S. Armed Forces? na orunknown) (If yes, give wor ar dates of so	- 24	17. INFORMANT	11/1/	ADDRESS
J.	No l	220-07-87171	4 William H.	Hellen,	arliste, Ta
1	8. 200 1		DE DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	u interner	1711 1	
	(This does not mean the made of dying heart failure, asthenia, etc. It means the d		The state of the state of		· ·
	injury or complication which caused death		V		
	ANTECEDENT CAUSES	(B)		• • • • • • • • • • • • • • • • • • •	
	DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating			70.7	
	UNDERLYING CONDITION Iosi.	9 1110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	W.K.	alle
ATION	THER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED	IBUTING TO THE			
	DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION	20 A. ALITOPSY? (Yes or No	20B. IF YES WERE	FINDINGS CONSIDERED
U 11	WAS PERFORME		2010/31: 1103 01 110	INI CERTIFICATION CO.	
RTIFIC	×		YES	IN CERTIFIENG CA	FINDINGS CONSIDERED AUSES OF DEATH?
AL C	DR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, a etc.)	in ar about 21 C. WHERE DID		re City, give exact lacation)
EDICAL C	21A. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., hame, farm, factory, street, o	in ar about 21 C. WHERE DID	(If in Baltima	
MEDICAL C	21A. ACCIDENT WAS UNDERLYING DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., hame, farm, factory, street, o	in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltima	
MEDICAL C	21 A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21 D. TIME (Manth) (Day) (Year) (Hauself Industry)	21B. PLACE OF INJURY (e.g., i hame, farm, factory, street, o etc.) 21E. INJURY OCCURRED While At Not White Work	in or about 21 C. WHERE DID affice bldg., INJURY OCCUR?	(If in Baltima	re City, give exact lacation)
MEDICAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hauder Manth) (Day)	218. PLACE OF INJURY (e.g., in hame, farm, factory, street, o etc.) 21E. INJURY OCCURRED While At Not White At Work Indeed the deceased from	in or about 21C, WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJ	(If in Baltima	re City, give exoct lacation)
MEDICAL C	27 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 27 D. TIME (Manth) (Day) (Year) (Haudeller) 28 DF INJURY (APPROX.) 29 L certify that (March) (this haspital) attemption (the control of the c	218. PLACE OF INJURY (e.g., hame, farm, factory, street, a etc.) 21E. INJURY OCCURRED While At Not White At Work anded the deceased fram Ve an August	in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR? 21 F. HOW DID INJ	(If in Baltima	re City, give exoct location)
MEDICAL C	DEATH (natify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hauser Proximal Pro	218. PLACE OF INJURY (e.g., hame, form, foctory, street, oct.) 21E. INJURY OCCURRED While At Work Inded the deceased fram Eve an August Dave. (I) (W) (did) (did and the deceased)	in ar about 21 C. WHERE DID affice bidg., INJURY OCCUR? 21 F. HOW DID INJ	(If in Baltima	re City, give exoct location)
MEDICAL C	DEATH (natify medical examiner) 21D-TIME (Manth) (Day) (Year) (Hauser Proximal Prox	218. PLACE OF INJURY (e.g., hame, form, foctory, street, oct.) 21E. INJURY OCCURRED While At Work Inded the deceased fram Eve an August Dave. (I) (W) (did) (did and the deceased)	in ar about 21 C. WHERE DID affice bidg., INJURY OCCUR? 21 F. HOW DID INJ 19	(If in Baltima	re City, give exoct lacation) Legged 9 19 0 inian death accurred on the
MEDICAL C	21A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D. TIME (Manth) (Day) (Year) (Hauseld Control of the	218. PLACE OF INJURY (e.g., in hame, farm, factory, street, or etc.) 21E. INJURY OCCURRED While At Not White At Work Anded the deceased from the experiment of the work of the experiment of	in ar about 21 C. WHERE DID inflice bidg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 7 and the view the bady after death.	(If in Baltima URY OCCUR? 19 6 7 ta	re City, give exoct lacation) 19 0 inian death accurred on the
WEDICAL O	DEATH (natify medical examiner) 21.D. TIME (Manth) (Day) (Year) (Hause of Injury (APPROX.) 22. I certify that (I) (this haspital) attended to the control of the control	218. PLACE OF INJURY (e.g., i hame, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not White At Work Indeed the deceased from the experiment of the experimen	21F. HOW DID INJ	(If in Baltima URY OCCUR? 19 67 ta 0 at In(my) (occ) op Stoff	inian death accurred on the
WEDICAL O	DEATH (natify medical examiner) 21.D. Time (Manth) (Day) (Year) (Hauser of Institution of Insti	218. PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.) 21E. INJURY OCCURRED White At	21F. HOW DID INJ	(If in Baltima URY OCCUR? 19 6 7 ta Q at In(my) (opposed on the property of	inian death accurred on the
MEDICAL CERTIF	DEATH (notify medical examiner) 27. I. A. A. CCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 27. I. TIME (Manth) (Day) (Year) (Hauseld Price) 27. I. Certify that (1) (this haspital) attended to the control of the	218. PLACE OF INJURY (e.g., hame, form, foctory, street, or etc.) 218. INJURY OCCURRED While AI Not White At Work Inded the deceased fram over an account of the etc. M.D. Att Phy DEHLERT, JR., M.D.	21F. HOW DID INJ	(If in Baltima URY OCCUR? 19 67 ta Q at In (my) (occup) op Staff Phys. A MOR I AL HO COCATION (C) L 25 64	inian death accurred on the

8895 102 1

	AME OF DEC					2. DATE AND HOUR	OF DEATH			
Тур	e or Print)	Mathild	de V. N	itze		Aug. 9,	1967	15	:00	P
		ATH IN BALTIMORE, MA		3E. 1934	4. USUAL RESIL	B. COUNTY	ed lived. If insti	tution: residen	ce before o	dmissi
-	OLL NAME OF	address or location	n)		c. CITY OR TO	more		RAL ond give	lownship)	1
(00	3900 N. Cha	arles S	treet	3900	RESS (If rurol, give		t		
5. S	ex F	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT	H 9. AGE (I	n unass T	If Under 1 Yr. Months: Doys	If Unde Hours	r 24 Mii
lone		UPATION (Give kind of work working life, even if retired) 116	Own H		New Yo		n	12. CITIZEN CON WHAT CO	DUNTRY?	
3. 1	FATHER'S NA	ME			14. MOTHER'S	MAIDEN NAME				
	Herma	nn Vietor				De H	Branu			
		Ever in U. S. Armed For (If yes, give wor or dote		16. SOCIAL SECURITY NO. 217-48-81	17. INFORMANT	Carl L. Ni	tze	Sa	me me	
	DISEASES C	nplication which caused ANTECEDENT CAUSES OR CONDITIONS, if e obave cause (A)	any, giving	(B) OUE TO			rwad සංසායය ව ස අවදා වර්ති යනුය. අතරාවේ		001000000000000000000000000000000000000	*******
ATION	DISEASES (rise to the UNDERLYING	ANTECEDENT CAUSES	any, giving stating the	(C)	eoscler	vees, g	survey	e. ol)	
RTIFICATION	DISEASES OF THE SIGNITO THE DISEASE OR	ANTECEDENT CAUSES OR CONDITIONS, if e obave cause (A) G CONDITION last. II IFICANT CONDITIONS CREATH BUT NOT RELA	any, giving slotling the CONTRIBUTING STEEL TO THE LT.	(her	eoscler	72 (Yes or No) 2011. IF	survey	OINGS CON	SIDERED 17	
AL CERTIFIC	DISEASES (rise to the UNDERLYING OTHER SIGNITO THE D DISEASE OR 19A-DATE OF	ANTECEDENT CAUSES OR CONDITIONS, if e obave cause (A) G CONDITION last. II IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	any, giving sloting the CONTRIBUTING ATED TO THE IT.	VHICH OPERATION PLACE OF INJURY (e.g., e., form, foctory, street, c.	20A. AUTOPS	Y? (Yes or No) 201. IF	Securly YES, WERE FIN	ES OF DEATH	1?	
DICAL CERTIFIC	DISEASES (rise to the UNDERLYING OTHER SIGNITO THE D DISEASE OR 19A-DATE OF	ANTECEDENT CAUSES OR CONDITIONS, if or obave cause (A) G CONDITION last. II IFICANT CONDITIONS CAUSING EATH BUT NOT RELA CONDITION CAUSING TO PERATION 1988. CON WAS PERI	any, giving stoting the CONTRIBUTING TO THE IT. CONTRIBUTING TO THE IT. CONTRIBUTION FOR V FORMED 21B, hometc.)	PLACE OF INJURY (e.g., e, form, foctory, street, of the control of	20A. AUTOPS in or obout 21C. W	Y? (Yes or No) 201. IF	YES, WERE FIX TIFYING CAUS	ES OF DEATH	1?	
MEDICAL CERTIFIC	DISEASES (rise to the UN DERLYING OTHER SIGNITO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if e obave cause (A) G CONDITION last. IFICANT CONDITIONS CAUSING IS CONDITION CAUSING IS OPERATION 198. CON WAS PERION NT WAS UNDERLYING JTING CAUSE OF medical examiner)	any, giving sloling the CONTRIBUTING ATED TO THE IT. CONTRIBUTING ATE	PLACE OF INJURY (e.g., e, form, foctory, street, of the latest of the la	20A. AUTOPS in or obout 21C. W	Y? (Yes or No) 201. IF IN CER HERE DID OCCUR?	YES, WERE FIX TIFYING CAUS	ES OF DEATH	1?	
MEDICAL CERTIFIC	DISEASES (rise lo the UNDERLYING OTHER SIGNI TO THE D DISEASE OR 19 A. DATE OF 21 A. ACCIDE OR CONTRIBL DEATH (notify) 21 D. TIME OF INJURY (APPROX.) 22. 1 certify that (1) (we)	ANTECEDENT CAUSES OR CONDITIONS, if e obave cause (A) G CONDITION last. INTERPRETATION PROPERTY OF THE CONDITION CAUSING INTERPRETATION PROPERTY OF THE CONDITION CAUSING INTERPRETATION PROPERTY OF THE CONDITION CAUSE OF THE C	any, giving stoting the CONTRIBUTING ATED TO THE LT. CONTRIBUTING TO T	PLACE OF INJURY (e.g., e, form, foctory, street, of the least of the l	20A. AUTOPS in or obout 21C. Wolffice bidg., INJURY	Y? (Yes or No) 2015. IF IN CER HERE DID OCCUR? DW DID INJURY OCC 19 ond that in(my	YES, WERE FIX THEYING CAUS	ES OF DEATH	1? :† locotion)	
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MEDICAL CERTIFIC	DISEASES (Crise To The UNDERLYING) OTHER SIGNITO THE DISEASE OR 19A. DATE OF 19A. DATE OF CONTRIBUTION OF CONTRIBUTION (APPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) ond hour on 23A. SIGNATU	ANTECEDENT CAUSES OR CONDITIONS, if e obave cause (A) G CONDITION last. IIIICANT CONDITIONS CONDITIONS CONDITION CAUSING IF OPERATION 198. CON WAS PERION (Month) (Doy) (Yeor) thot (I) (this hospital last sow the decease of from the causes stated from the cause stated from the	any, giving stoling the CONTRIBUTING ATED TO THE IT. CONTRIBUTING ATED TO THE IT. (Hour) 21E, Whin word and olive on the dollve on the It. Liam G. 24C. NA	PLACE OF INJURY (e.g., e, form, foctory, street, of the deceased from the deceased f	20A. AUTOPS in or obout 21C. We office bidg., INJURY 21F. Ho ile	Y? (Yes or Not 20). IF IN CER HERE DID OCCUR? 19 ond that in (my fiter death. Acd. Stoff irector Phys. Oland Aver	YES, WERE FIX THEYING CAUS If in Boltimore Cour? To print (City, 100%)	on death ac	19 (curred on NED	the

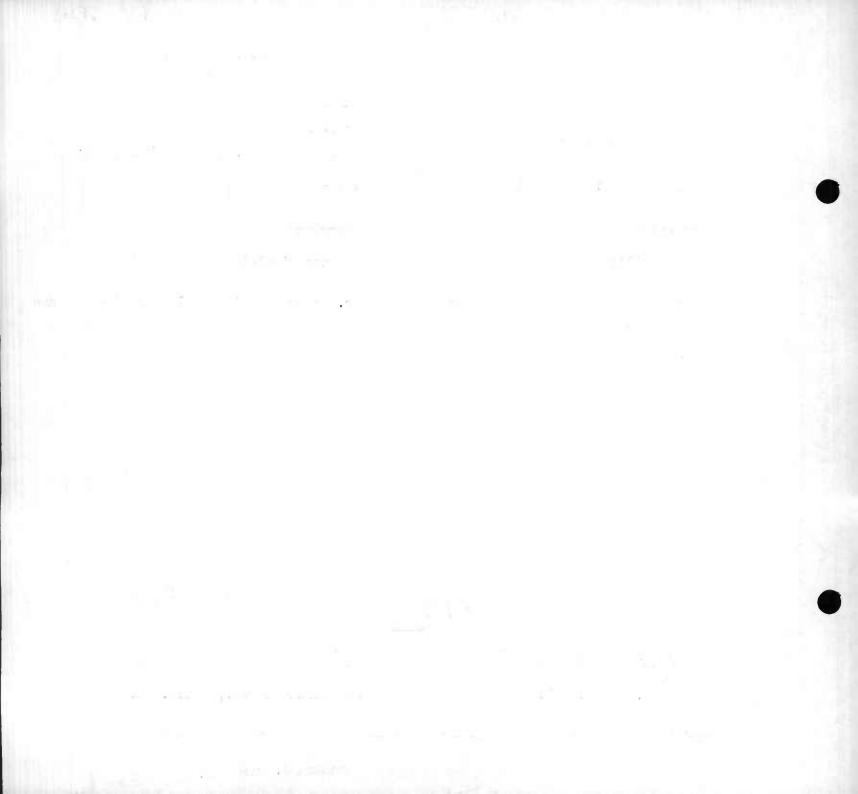


	Gr.	769	BALTIMORE CITY	HEALTH DEPARTMENT		CM 13000
BIRTH NO. M.E. CASE NO.	07	100	CERTIFICA	TE OF DEATH	Registered Na.	67 7690
I, NAME OF DE	ECEASED			2. DATE A	ND HOUR OF DEATH	
(Type or Print)	Casper	ROW H	ollen	N23 073 0	+ 70 706	7 1 3:45 P.
. PLACE OF D	EATH IN BALTIMORE, MA	ARYLAND	.013.011	4. USUAL RESIDENCE (Who	t 10, 196	stitution: residence before admissia
				A. STATE B. COUI	NTY	
FULL NAME	OF (If not in haspital R address at tacation	or institution,	give street	Maryland		
INSTITUTION	K address or racand	in)		C. CITY OR TOWN (If a	utside city limits, write	RURAL and give tawaship)
1/1/				Baltimore D. STREET ADDRESS		41-09
44	Union	Memori	al Hospital	D. STREET ADDRESS (II	rurol, give lacotion)	
1				4600 Nort	hwood Driv	re .
- SEX	6. RACE		, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 H
M	TaT		D, DIVORCED (specify)	7/31. /2 907	lost birthday)	Months Doys Haurs Min.
TT	CUPATION/Give bind of wor		rried	7/14/1897	(0	113 (1775) 05
	of working life, even if retired)	KIND O	L BOSINESS OK INDOSIKI	11. BIRTHPLACE (State or lore	eign country)	12. CITIZEN OF WHAT COUNTRY?
aborer	-Retired	Railw	ay Express	Penna /		U.S.A.
3. FATHER'S NA		210-22 22 00	a, mpropp	14. MOTHER'S MAIDEN NA	ME	U.D.A.
	d Hollen			Cara Guye	ľ	
5. Was Deceas	ed Ever in U. S. Armed Fo wn)(If yes, give war or dat	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		00 01 00111007		7 May 1 May 1 - 7	A 77 7 7	10
			162-12-732		A. Hollen	(Same)
18.	341		CAUSE O			ONSET AND DEATH
DISE	ASE OR CONDITION DI		10	1-190	1.	610
(T) : 1	LEADING TO DEATH		(A) 16/4	readial Infa	chon	Judden
heoil loilure	not meen the mode of e, osthenio, etc. It meons	dying, e.g.	DUE TO	V	1 . 0	
injuly of co	omplication which coused	deoth.)	eV	- /	11 17 1	15+
	ANTECEDENT CAUSES	S	(8)	our longestur	Hart Janen	7 95.
DISEASES	OR CONDITIONS, if	ony siving	DUE TO	/		8
	the obove couse (A)					
	NG CONDITION lost.					
	7 11					
OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTIN	IG			
TO THE	DEATH BUT NOT REL	ATED TO TI	HE			
U 19A. DATE			WHICH OPERATION	20 A. AUTOPSY? (Yes or N	a) 208. IF YES WERE	FINDINGS CONSIDERED
OTHER SIG TO THE DISEASE O 19A. DATE (WAS PE	FORMED	THE TOTAL PROPERTY OF THE PARTY	1/12	IN CERTIFYING CA	USES OF DEATH?
U 21 A. ACCID	TENT WAS UNDERLYING		P PLACE OF INTLUME	// U	(11 · B 11 ·	<i>(**</i>
OR CONTRA	BUTING CAUSE OF	har	me, farm, factory, street, a	ffice bldg., INJURY OCCUR?	(If in Baltimare	e City, give exact lacation)
DEATH (not	ify medical examiner	etc	.)			
0 21D. TIME	(Manth) (Day) (Year)	(Haut) 218	E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
21D. TIME		w	hile At Not Whil			
(APPROX)		W				
22. I certif	fy that (1) (this hospita	1) attended	the deceased from A	e ust	1962 to /	ugust 10 1967
			//			1
mar (+) (w	e) last saw the deceas	ed dilve dn	7	2.9and 11	nat in (m y) - (aur) api	nian death accurred an the de
and hour a	ind from the causes sta	ted above.	(4) (We) (did) (d id no t) v	view the bady after death.		
23A. SIGNAT	TURE	0				23B, DATE/SIGNED
14	en Br	. /	M.D. Atte	med. Director	Stoff	8/11/67
23 C. PHYSIC	IANES	Klih		23D. ADDRESS	Phy s.	10/11/0/
NAME	(Type)	Dag = -1			1.2 (7.1)	
	Herman	Brech	er M.D.	443 E. 25	th St.	
4A. BURIAL CI	REMATION, 248, DATE	24C. N	AME of CEMETERY OF CR	EMATORY 24D. I	LOCATION (C	ily, lawn, ar county) (State)
REMOVAL	(Specify)					
Crema		1967	Greenmount		Baltimore.	Md.
25A. DATE REC'	D AY HANGHADEDCY	268. NAME	Greenmount of REGISTRAR TELEBRAR	25C. FUNERAL DIRECTO	R	ADDRESS
	1001 F T DOL	Voleno	re, Janberta	H.W.Jenkins		
/S 150-REV. 1/1	1/65	-	-		Be	lto.12, Md.
S ISUTACY. I/	17.44					



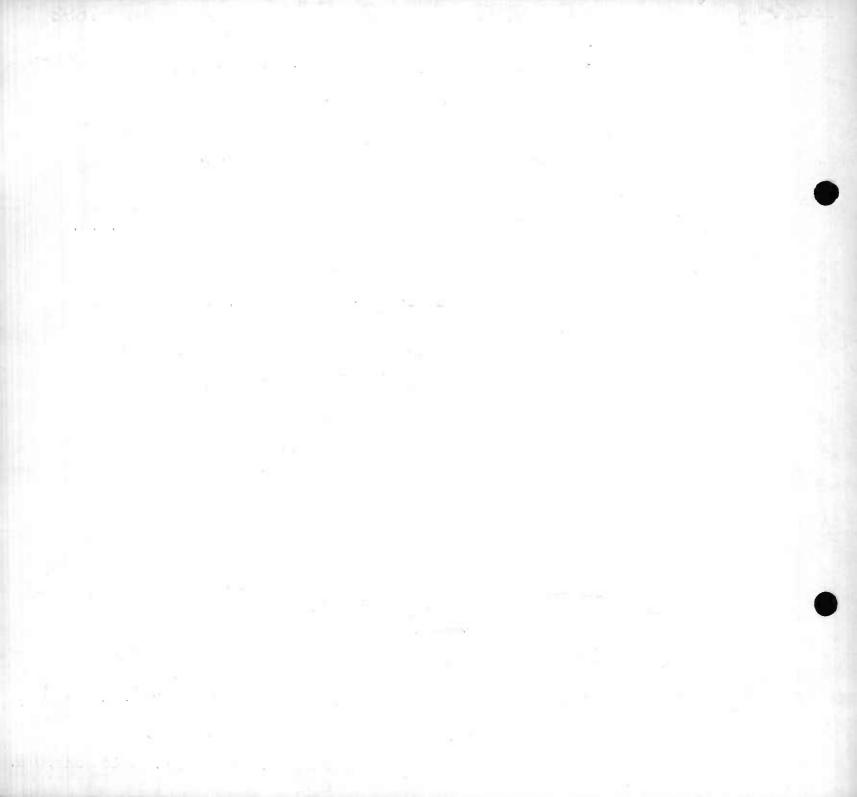
1)	-4	31	1
	ital and of death Deceased	on the	M. Ty
	in a hosp ig cause (ause (ause)	attendance or to dea	7
	contributin	regular eased pri	5. S Find don 13.
	ct or conde	vas in he dec	13.
RTANT	ssistant if the dire / kind; (4	ince on the	15. (Ye:
IMPO	or his a Also, if	attenda Imed or	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION
	This certified the body w	was D.O.A. deceased p written app	24 A

BIRTH NO.	67	769	1 CERTIFICA			Registered No	67	7691
M.E. CASE NO. 1. NAME OF DE (Type or Print)	DORA	WA	LITMAN	IL OI	2. DATE	and hour of deat ast 10 196		8 30
3. PLACE OF D	EATH IN BALTIMORE, MAI	YLAND		4. USUAL	RESIDENCE (V	Vhere deceased lived. If	institution; lesio	dence before admission
FULL NAME HOSPITAL OF INSTITUTION Kenes)	give street	Mary c. chirk	to.	outside city limits, write (If rurol, give location) Ave. (Kenese		15-38
5. SEX	6. RACE		NEVER MARRIED	B. DATE O	F BIRTH	9. AGE (In years	If Under 1	Yı. If Under 24 Hrs
Female	White	Widowe	DIVORCED (specify)	6/5	/1886	last birthdoy) 81	Monms	ays Hours Min,
	CUPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	3 0		foreign country)	12. CITIZEN	OF COUNTRY?
Housew	of working life, even if retired)			Ma	ryland		US	
3. FATHER'S NA					ER'S MAIDEN I	NAME	0.0	
Henry	Biltz				Anna Kie	nlein		
5. Was Deceose	ed Ever in U. S. Armed Ford	es?	1 6, SOCIAL	17. INFOR			A	DDRESS
	vn) (If yes, give war or date	s of service)	SECURITY NO.	Man	DeForde	Waltman 201	2 Woodsi	de Avenue
No. 18.			None CAUSE OF		perorue	Waltman 301		de Avenue
DISE	ASE OR CONDITION DIR	ECTLY		- 4	0 0	0	10	ISET AND DEATH
0.02.	LEADING TO DEATH		Ce	rely	al h	emorrha	al,	1 day
rise fa	OR CONDITIONS, if of the abave cause (A) NG CONDITION last.		DUE TO					
TO THE	NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I OF OPERATION 19B. CON WAS PERF	TED TO THE		20A. A	UTOPSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS C	ONSIDERED ATH?
OR CONTRI	ENT WAS UNDERLYING DENTING CAUSE OF	21 B. hom etc.	PLACE OF INJURY (e.g., in the, form, factory, street, of	fice bldg., I	NJURY OCCUR	(If in Boltim	ore City, give e	exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		ile At Not While	e	IF. HOW DID	INJURY OCCUR?		A Mary
22. I certif	fy that (1) (this hospital) attended ti	he deceased fram	4/	24	19 65 to	8/10	19 6
that (I) (we	e) last saw the decease	d alive an	817	19	6 7 and	that in (my) (aur) a	plnian death	accurred an the da
and hour a	nd from the causes stat	ed abave. (1) (We) (did) (did not) v	iew the b	ady after deat	th.		
23A. SIGNA	shenta. O.	Peite	Phy:		Med. Director	Staff Phys.	23B. DATE	11/67
PHYSIC NAME I	Or. Robert Rei	er	M. D.	606		n Ave., Balt	o. Md.	
AA. BURIAL CE	REMATION. 24B. DATE	24C.N/	AME of CEMETERY of CRE	MATORY	240	LOCATION	(City, town, or o	county) (Stote)
Burial	8/14/6 D BY HEALTH DEPT.		rkwood Cemeter	25C. F	UNERAL DIREC	7		ADDRESS
	AUG 1 4 1967	(R. Pro	JE Jankey MA	Le	onard J.	Ruck Inc. 53	05 4	
VS 150-REV. 1/	1/65		No. of the last of				Dario	rd Rd.



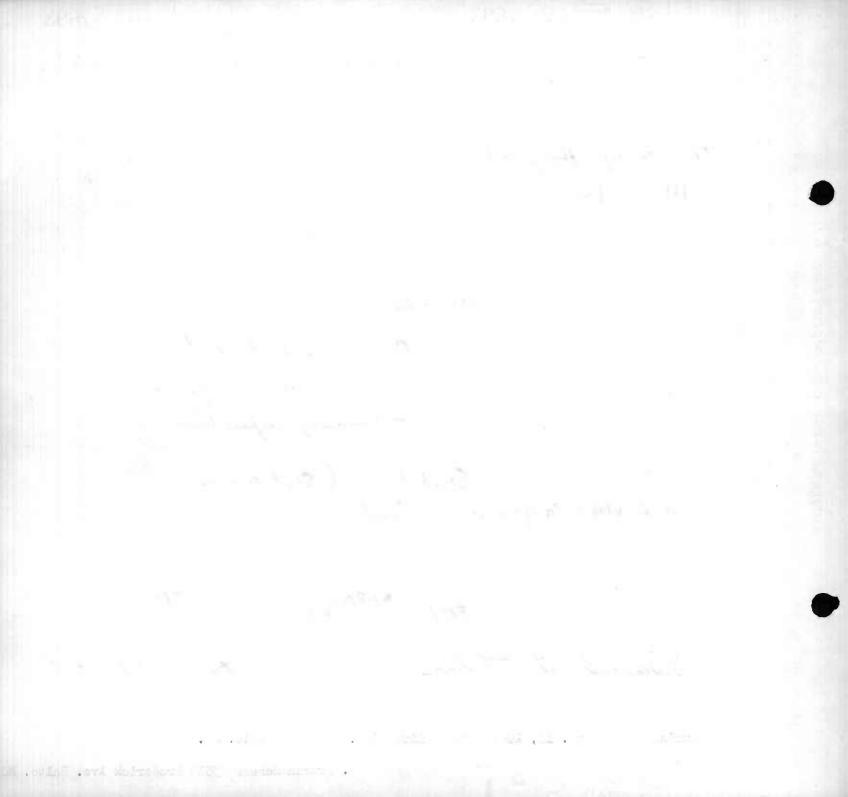
	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contribution	the chief medical examiner	or his assistant if death occurred in Also, if the direct or contributing
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cau	(2) Body burns; (3) A fractur	e of any kind; (4) Undetermined cau
was D.O.A. at a hospital (except where the physician who pronounced death was in regular atte	ere the physician who proi	ounced death was in regular att
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior	o physician was in regular	attendance on the deceased prior
written approval must be obtained before the remains are embalmed or final disposition is made	ofore the remains are embal	mad or final disnocition is made

	67 7692 BALTIMORE CITY	HEALTH DEPARTMENT	67 7692
	TH NO. CERTIFICA	TE OF DEATH Registered No.	01 1002
1,1	E. CASE NO.	2. DATE AND HOUR OF DEATH	and a
(Ty	Pe or Print) Robert (Hall	August 10,1967	17:20 P
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If is	stitution: residence before admis
	FINE MANS OF MARKET COMMANDER OF THE STATE O	Md.	
	FULL NAME OF (If nat in hospital or institution, give street address ar facotion)	C. CITY OR TOWN (If outside city limits, write	RURAL and afve township)
	INSTITUTION CONTRACTOR CONTRACTOR	Baltimore 21234	53-00
1	Gould Convalesarium	D. STREET ADDRESS (If rural, give location)	
	6116 Belair Road	7803 1/2 Oak Ave.	
5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Manths: Doys Hours M
m	ale white widowed (specify)	5/19/1908 ast-bighday)	77.01.11.5
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
	resument of the state of the st	Maruland	1.5.A.
_	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	O I D I I I
	7 / // //	M . 111 1	
5	trank Hall Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Marie Wenke	ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	4 0 1 1 11	ADDRESS
	no 213-03-244	Miss Roberta L. Hall	same
	18. / G 3 X I	F DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	100	
		rcinomagelung	1 year
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	astasis to brach	0
	ANTECEDENT CAUSES	aslasis it brack	
	DISEASES OR CONDITIONS, if any, giving	0	
	rise to the above cause (A) stating the	condaryanemia	
	UNDERLYING CONDITION last.	1	
z	OTHER SIGNIFICANT CONFIGURATIONS	0,01	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	e hypotension	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A (TYOPSY? (Yes at No) 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
ERTIFIC	WAS PERFORMED	IN CERTIFYING CA	USES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or contributing CAUSE OF hame, lorm, foctory, street, of	n or obout 21 C. WHERE DID (If in Boltimor	e City, give exact location)
CAL	DEATH (notify medical examiner)	nice bidg., INJOKI OCCOK:	
0		21F. HOW DID INJURY OCCUR?	
ME	OF INJURY (APPROX.) While At Not Whil		
	Wark At Wage	July 11 1967 10 ll	10 10 16
	22. I certify that (I) (the septembly) attended the deceased from	0 100	9 10 190
	that (1) (we) lost sow the deceased alive on	7 1906 ond that in (my) (not death occurred on the
	and hour and from the couses stated above. (1) (Va) (and) (d)d not)	iew the body ofter deoth.	
	23A. SIGNATURE	ending Med. Staff	238. DATE SIGNED
	A CILITARIOCA Phy	s. Director Phys.	caey, 11, 17
	23 C. HYS CIAN'S NAME (Type)	23D. ADDRESS OF A OPPORT	ARV 120
	H.V.HARBOLD M.D.	+ Co Harkwill A	allement hex
24	A. BUMAL CREMATION. 24B. DATE 24C. NAME at CEMETERY of CRI	MATORY AD. LOCATION (C	ity, town, or county) 2(2 (8)
6	urial Parkwood Cement	ery Baltimore, A	ld.
	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	AUG 1 4 1967 Report E. Farkeyna	Leonard J. Ruck, Inc	. Baltimore,
	150-REV. 1/1/65	<i>U</i> (1)	



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death 🦳	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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Print) Carrel Early Early	4. USUAL RESIDENCE (Where deceosed lived, if A. STATE B. COUNTY Batt	1967 12 53 P institution: residence before odmission
ITAL OR oddress or location)	Md. Balt	
		6.
-/ /	C. CITY OR TOWN (If outside city limits, write	RURAL and give township
iversity Hospital	D. STREET ADDRESS (If rurol, give location)	St.
7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 2	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
AL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTI ps most of working lite, even if retired)	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
edice W. Langer	Paralena Hay	ler
Deceased Ever in U. S. Armed Forces? or unknown Uf yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 220-01-3329A	17. INFORMANT	ADDRESS
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LEADING TO DEATH	remine of the color	2 3 months
s does not mean the mode of dying, e.g., It failure, asthenia, etc. It means the disease,		
ry or complication which coused death.)	estro - automoro Pita	0
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II		
HER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE EASE OR CONDITION CAUSING IT.	vecal centicemia	
DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
ACCIDENT WAS UNDERLYING 218 PLACE OF INJURY (e.g.	in or about 21 WHERE DID (If in Boltim	ore City, give exact location)
CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	
TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED NJURY	21 F. HOW DID INJURY OCCUR?	
While At Not W. Work At Wo.		
1 certify that (1) (this hospital) attended the deceased fram	118/67 19 to 8	18/ 1967
2 / 5 /	19 6 7 and that in(my) (our) a	pinian death occurred on the
hour and from the couses stated above. (I) (We) (did) (did nat)	view the body ofter death.	
SIGNATURE		23B. DATE SIGNED
David It James	hys. Director Stoff	8/8/6/
PHYSICIAN'S NAME (Type) M.E	23 D. ADDRESS D.	
RIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, town, or county) (State
rial Aug. 11, 1967 Mount Olivet	Cem. Balto. Md.	
TE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS



STAMP	S ATH IN BALTIMORE MAI	BABY	ВОУ		AUGUST 9.	1967 2.05P	
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	GNES HOSPITA	AL		C. CITY OR TOWN (If outside city limits, write RURAL and give township) SEVERN D. STREET ADDRESS (II rural, give location)			
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	d Ever in U. S, Armed Ford n) (If yes, give wor or dotes		1 6, SOCIAL SECURITY NO.	ST. AGNI	S HOSPITAL	L RECORDS	
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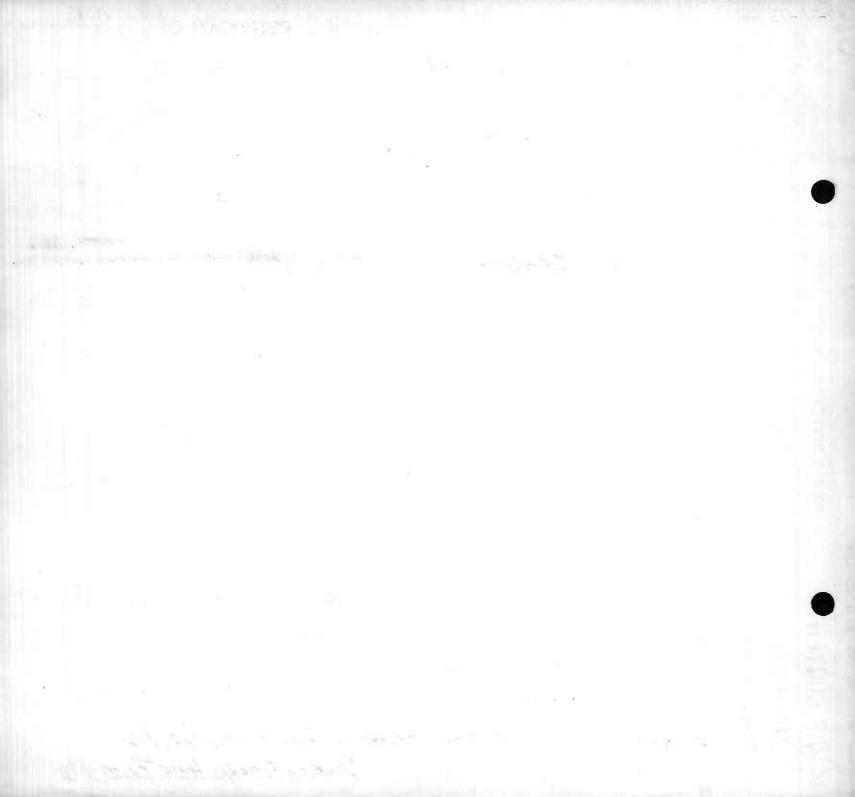
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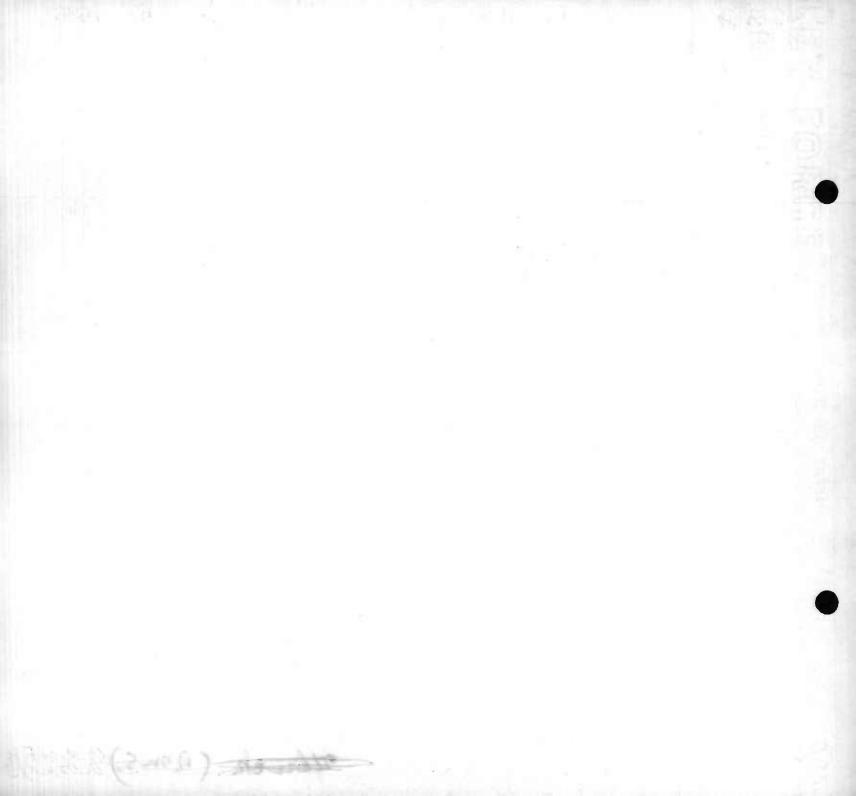
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D. Chan	leath occurred in or contributing or Londers or Indetermined cause is in regular after deceased prior is made
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FUNERAL DIRECTOR: IMPORTANT	by the chief medical examiner. pital by a medical examiner. ure; (2) Body burns; (3) A fractur where the physician who pron) No physician was in regular of hefore the remains of the embal
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined can was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendednce on the decased prior variety and (6) No physician was in regular attendance on the decased prior decased prior attendance on the decased prior written approximate the obtained before the remaining are emplaned.

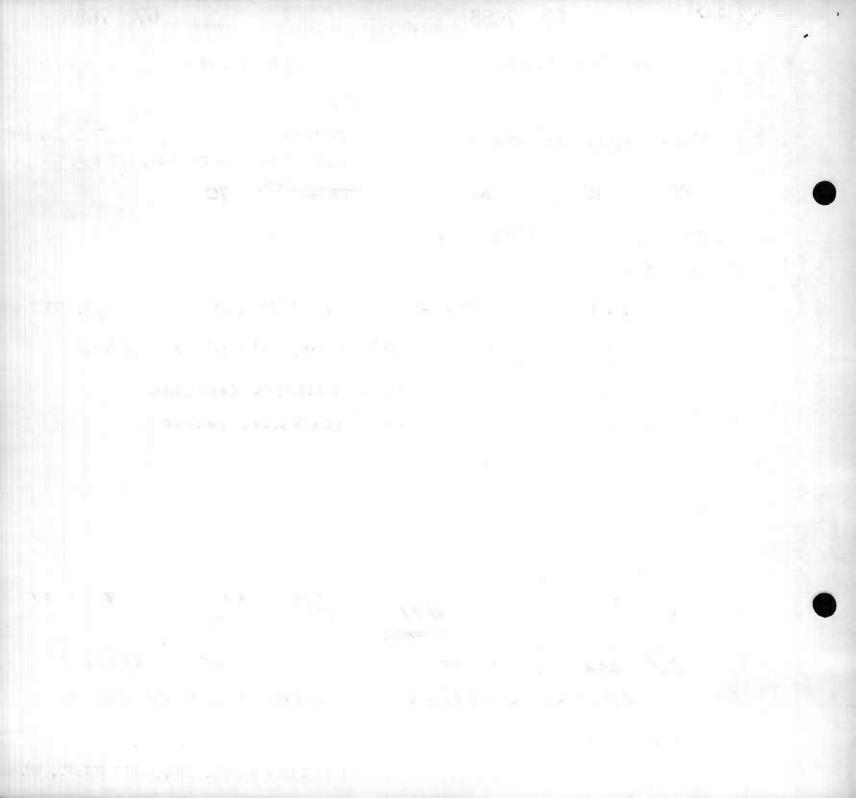
	E CASE NO. IAME OF DECEASED	CERTIFICATE		HOUR OF DEATH	
(Ту	pe or Print Thomas CROWTh	er	8 Au	1967	15-30
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4.	USUAL RESIDENCE (Where	deceased lived. If ins	
	FULL NAME OF (If not in hospital or institution, give s HOSPITAL OR address or location) INSTITUTION	treel C.	MARYLA A CITY OR TOWN (If outs	(D) ide city timits, write RI	Balta (gurant and give township)
-	3 Church Home + Hos	pital	BALTIMO		5300
(335 HAVELEN 100000 1003	D.		oral, give location)	
5. :	SEX 6. RACE 7 MARRIED NEV	ER MARRIED B. D	PATE OF BIRTH 9	, AGE (In years	If Under 1 Yr. , If Und
	MARCI MARRI	ORCED (specify)	pt 27-1885	ost birthday)	Months Doys Haurs
	LUSUIAL OCCUPATION (Give kind of work 108, KIND OF BUSI the during most of working life, even if refired)		PENNA	n cauntry)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME JOSEPH CROWTHEN	7 14.	MOTHER'S MAIDEN NAM	ELLLEN ?	BURICE
15. (Ye	s, no or unknown) (It yes, give wor or dotes of service)	OCIAL 17.	INFORMANT PIDS G-EIRT EVD SISTER IN	E 1302222	ADDRESS RESTSHIP RO
_	18. 44 9 9 1	CAUSE OF D		0400	INTERVAL BETY
	DISEASE OR CONDITION DIRECTLY				ONSET AND D
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	DUE TO	UMOU IA		
	heart failure, astheria, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS if any civing				
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	DISEASES OR CONDITIONS, if any, giving	DOL TO PORT	ASCYD	DEPT COU	
	rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	12 CAD	T a T a was was was fund a was a was a w TT a T w Two and	******************************
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
FICA	DISEASE OR CONDITION CAUSING IT. 19. CONDITION FOR WHICH	H OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
CERTIFIC	WAS PERFORMED				
AL	21A. ACCIDENT WAS UNDERLYING 21B. PLAC home, for DEATH (notify medical examiner) 21B. PLAC	CE OF INJURY (e.g., in or m, factory, street, office	obout 21 C. WHERE DID bldg., INJURY OCCUR?	(It in Boltimare	City, give exact lacation)
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJU OF INJURY	JRY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
Z	(APPROX.) While At	Not While			
	22. I certify that (1) (this hospital) attended the de	ceased from	ez 27 19	67 to G	2mp, 8 1
	that (1) (we) last saw the deceased alive an	ang	219 67 and the		ion death accurred ar
	and haur and fram the causes stated above. (1) (We	e) (did) (did nat) view	the bady after death.		
	23A. SIGNATURE	M.D. Aftendin	Mad - 9	itall -	23B. DATE SIGNED
	frances es Ballay	Phys.	Director F	hys.	8/4/6
	ERANCISCO BALTAZ	AR M9.	& HURCH	HOME	\$ HOSP
24/	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	OF CEMETERY OF CREMA	TORY 24D. LO	CATION (City	y, town, ar caunty)
1	BURIAL 8/10/67 MED	DUN RIPU	it Eli	KRIDGE	MD
25/	AUG 14 1967 P. P. P.	GISTRAR	25C. FUNERAL DIRECTOR	0 (0	一个是是
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	67	71	697 BALTIMORE CITY	HEALTH DEPARTMENT		67 7697
BIRTH NO. M.E. CASE NO			CERTIFICA	TE OF DEATH	Registered No.	01 1001
NAME OF O				2. OATE A	ND HOUR OF CEATH	
(Type or Print)	Mas Association	or ont	0.00	A 22 ca	6 7067	1 77 4 3/
3. PLACE OF	Mrs. Agnes M	CUALT	er	Aug.	ere deceased lived. If in	stitution; residence before admis
				A. STATE , B. COU	NTY _ //	silletians residence belate during
FULL NAME	E OF (If not in hospital a	v institutio	n nive steet	MD	Balto	
HOSPITAL O	R oddress or location		ii, give sheet	C. CITY OR TOWN (If a	uteide city limite, write l	RURAL and give township)
INSTITUTION						12-0
0	/ WEGUITON			Z00 W.	40th Stre	et / J
4	KESWICK			O. STREET ADDRESS	f rurol, give location)	1
//				72 711	3/ 3	2022
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, ,,,	0, 1,000		VED, DIVORCED (specify)	B. OATE OF BIRTH	lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours M
F	White			Feb.15,1881	86	
OA. USUAL OC	CCUPATION (Give kind of work	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF
	of working life, even if retired)			(5.00.0	(0 11	WHAT COUNTRY?
	tical Nurse	5	NURSE	Anne Arundel	air Mo.	TT C A
3. FATHER'S N		/	VYICSE	14. MOTHER'S MAIDEN NA	ME	U . D . A.
MENT N	INVE			14. MOINERS MAIDEN NA	AME	
4	37 77 30					
James	S N. Wells sed Ever in U. S. Armed Ford wn) (If yes, give war ar date:	2	114 50000	Susan Crand	ell	
es, na ar unkna	sed Ever in U. 3. Armed Ford (wn){(If yes, give war ar date:	es: of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			213-14-4995	Mary B. Die	Paula, R. N	
1B.	50,014/	70 X	CAUSE	F DEATH		INTERVAL BETWEEN
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	re, osthenio, etc. It means					
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TO THE	DEATH BUT NOT RELA	TED TO				
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E IVA. DATE	OF OPERATION 198. CONT		R WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	FINDINGS CONSIDERED
×(*)	1173 1581	- 11716			CERTITIO CA	
19A. DATE	DENT WAS UNDERLYING	1:	21 B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Baltimore	City, give exact lacotion)
OR CONTR	IBUTING CAUSE OF		21 B. PLACE OF INJURY (e.g., i	ffice bldg., INJURY OCCUR?	= 5	7. 9. 10. 0. 10. 10. 10. 10. 11.
DEATH (no	tify medical examiner	1	etc.)			
21D. TIME	(Manth) (Day) (Year)	(Hand I	TE. INJURY OCCURRED	21 F. HOW DID IN	III DY OCCUP?	
DEATH (no					JORI OCCUR!	
(APPROX)			While At Work At Work			
						Λ
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that (1) ((a) lost sow the deserve	ء ميزاه ا	le true	10 7		
11101 (1) (W	ve) lost sow the decease	G OLIVE O	······································		nor in (my) (our) opi	nion deoth occurred on the
and hour	ond from the couses stat	ed obove	. (1) (We) (did) (did not)	view the body after death.		
23A SIGNA	1			,		23B, OATE SIGNED
	1 1	1		andina — Adad —	Staff -	000
1	urrey de Nic	herd	M.D. Att	ending Med. Director	Stoff Phys.	1 Cens 1761
23C. PHYSIC	CIAN'S			23D. ADDRESS	,	
NAME	TypeAubrey D. R:	chard	ison			
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		M.O.	700 17 /	Oth Ctmat	
			MAAR -/ CEAPPERS		Oth Street	
REMOVA	REMATION, 24B. DATE L (Specify)	24C	NAME of CEMETERY OF CR	EMATORY 2400	LOCATION (Ci	ty, tower or county) (Sto
(15/15/2	1 9017	/	CANALI GSV.	11	111001: 1/1	
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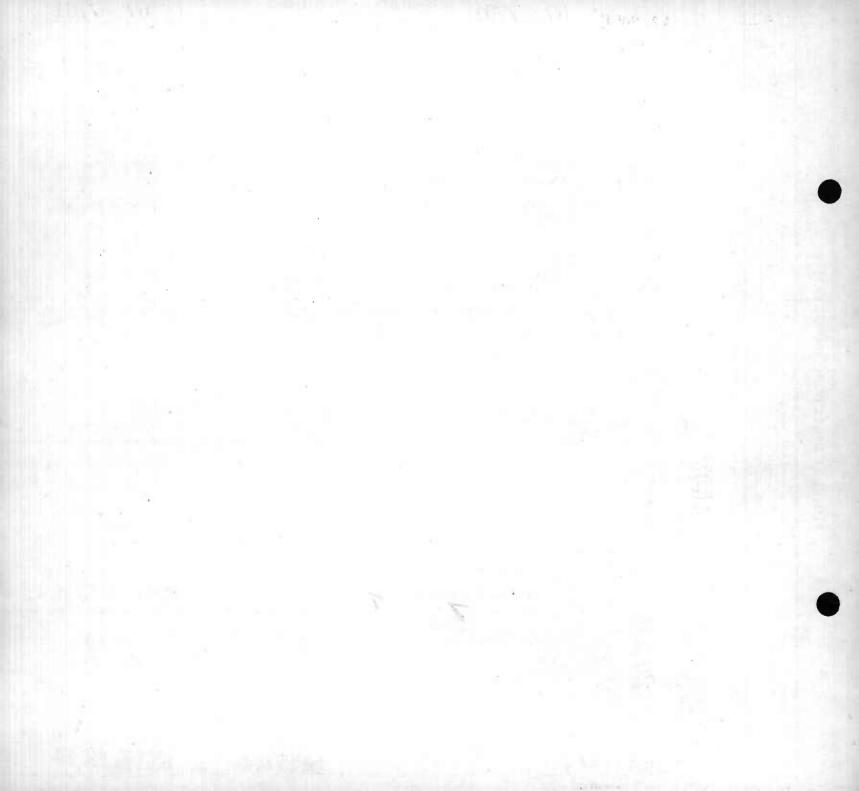


6	(3)	67	7000	BALTIMORE CIT	Y HEALTH DEPAR	TMENT		OFY	171000
	TH NO.		7699	CERTIFICA	TE OF DE	ATH	Registered No	6/	7699
M.	E. CASE NO.	CEASED				2. DATE AN	D HOUR OF DEAT	H	
	pe or Print)	AMEITA		R	MANN	AUGUS			IA.
3.	PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	D.	4. USUAL RESID	ENCE (When	e deceased lived. It	institution: re	sidence before admission
					A. STATE	B. COUN	TY		
	FULL NAME HOSPITAL OF	OF (If not in hospital address or location		e street	C. CITY OR TOW	D (If out	side city limits, write	PILPAL and	give township)
	NOITUTION						side city mints, with	NORAL VIII	1.2.01
6					D. STREET ADDR		rurol, give location)		0-01
F	SPI ANAI	DE APARTMENTS.	APT 9 H		ESPLANA	OF ADA	RTMENTS. A	рт о и	
5.		6. RACE	7. MARRIED, N		B. DATE OF BIRTH	1	9. AGE (In years	If Under	1 Yr. If Under 24 Hrs Doys Hours Min.
	THAIT	WITTE		DIVORCED (specify)	****		lost birthday)	Months	Doys Hours Min.
	LUSUAL OC	CUPATION (Give kind of work	10B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE	State or forei	an country)	12. CITIZ	EN OF
don	e during most o	of working life, even if retired)						WHA	AT COUNTRY?
	FATHERS N		AT HON	Æ	ALBANY N	EW YOR	K.		USA
13.	FAIHERS NA	AME			14. MOTHER'S M	AIDEN NA	ME		
DA	ANIEL B	ACHRACH			AMELIA GO	LDSMIT	⁻ H		
15. (Ye	Was Deceases, no or unknow	ACHRACH ed Ever in U. S. Armed For wn) (If yes, give wor or date	ces? s of service)	6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS APT 4 E
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ATION	TO THE	DEATH BUT NOT RELA	TED TO THE						
		OF OPERATION 198. CON	DITION FOR WH	ICH OPERATION	20 A. AUTOPSY	? (Yes or No	20B. IF YES, WERI	FINDINGS	CONSIDERED
ERTIFIC	0	WAS PERI	ORMED		7	VO	IN CERTIFYING C	AUSES OF D	DEATH?
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		nd fram the causes stat	ed abave. (I) (We) (did) (did nat)	view the bady aft	er death.			
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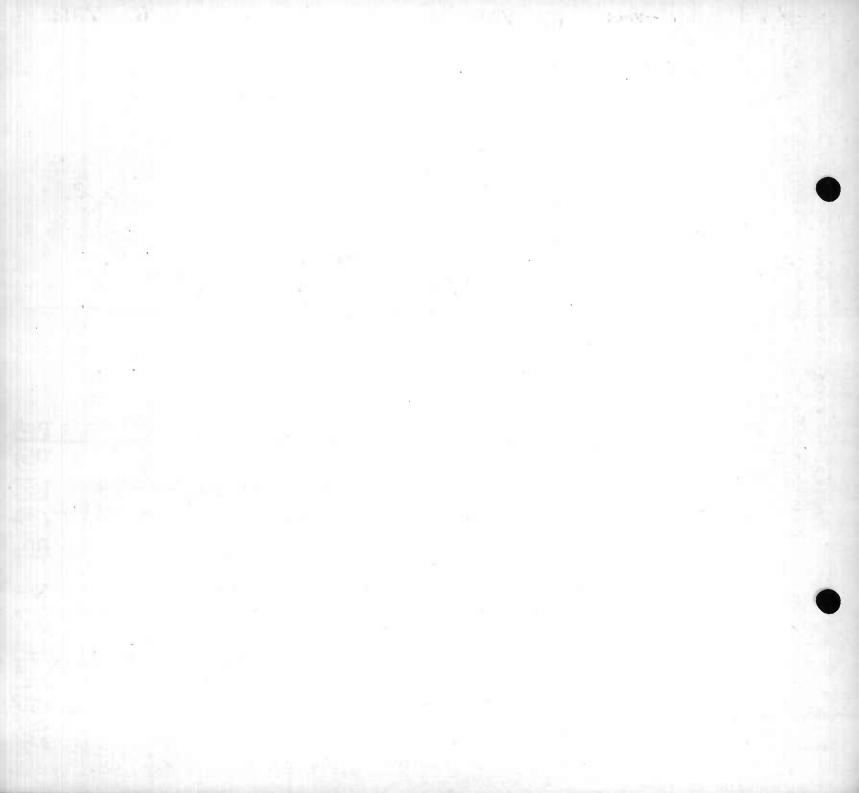
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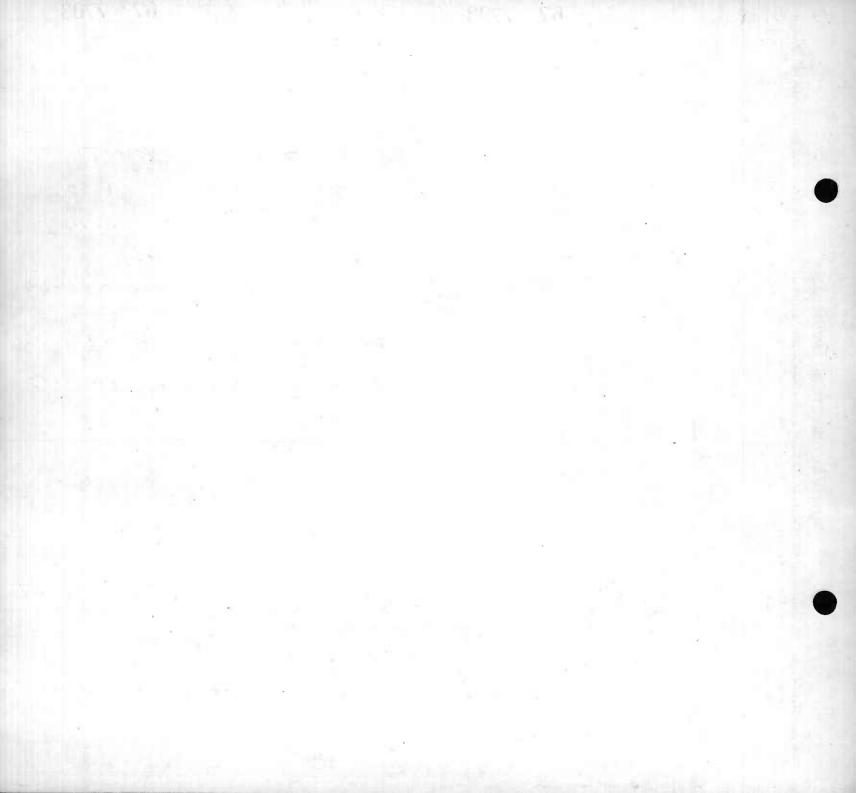
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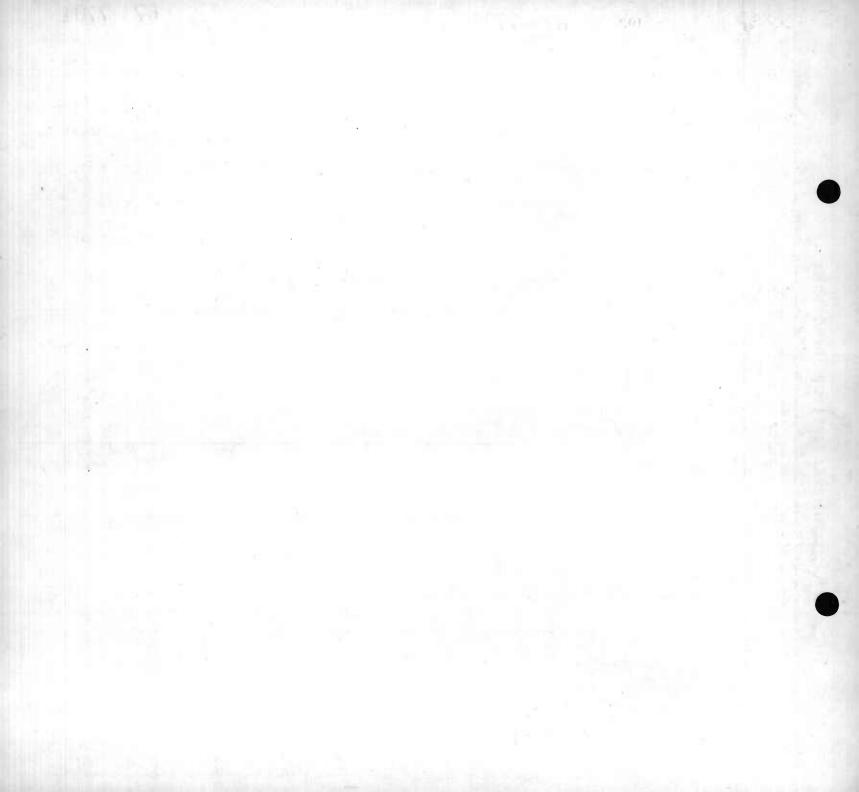
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		primal ind.	K415	10000
FULL NAME OF (If not in hospital or insti	itution, give street	C. CITY OF TOWN (IV outs	1)0101	in one
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MALE MEGINO WI	DOWED, DIVORCED (specify)	7-22-67	st birthdoy)	Months Doys Hours M
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one during most of working life, even if retired)			1	WHAT COUNTRY?
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FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E *-	
CA KRINGTON RUX	CUS CLARK	DAKLENE	WILLIA	452 30N
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
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1B.	CAUSE	DF DEATH		INTERVAL BETWEEN
11000			•	ONSET AND DEATH
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(This does not mean the mode of dying heart failure, asthenia, etc. It means the d	, e.g., DUE TO			
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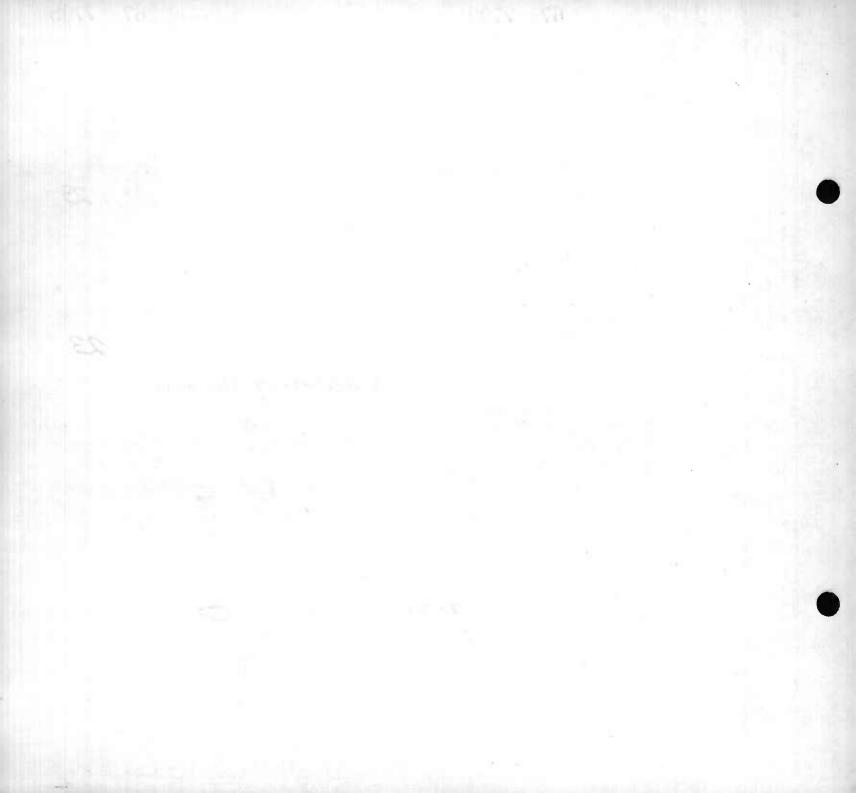




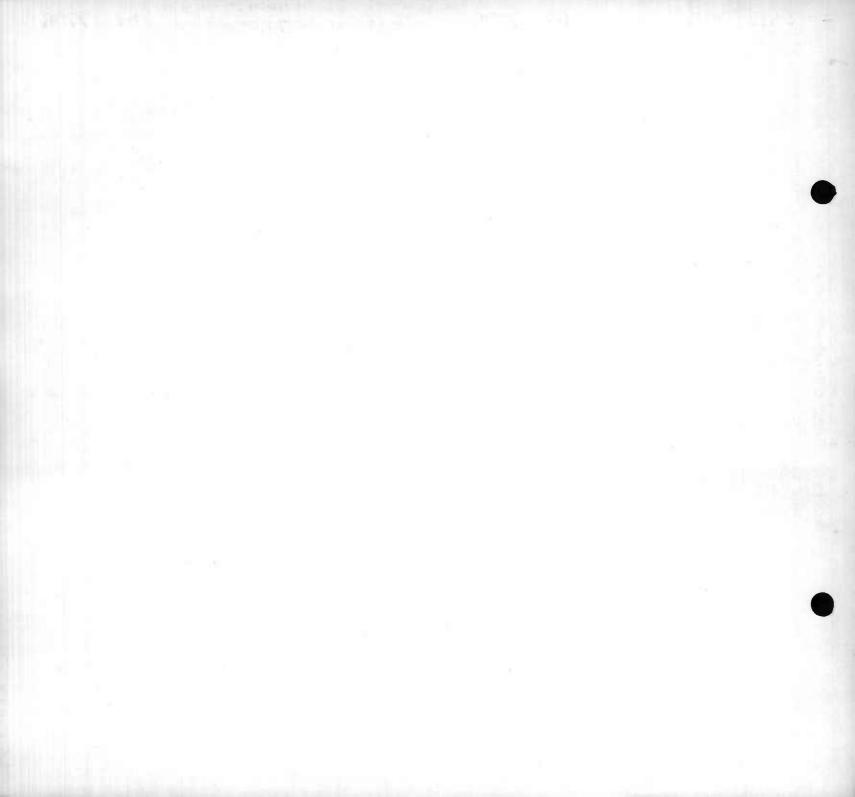
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decewas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance or deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death.
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			Y HEALTH DEPARTMENT		67 7704 -
M.E. CASE NO	14103 67	7704 CERTIFICA	ATE OF DEATH	Registered No	01 1104
NAME OF D	ECEASED	5- /	- 1	D HOUR OF DEATH	
ype or Print)	SABY 61	al STANLEY	7/19	3/6つとま	J:30A
PLACE OF E	DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (When	e deceased lived. If ins	stitutions residence before admission
FULL NAME	OF (If not in hospital	or institution, give street	GNIU. Ho	SP BALTO	Mb. a all
HOSPITAL O	R oddress or location)	C. CITY OR TOWN IN OU	side city limits, write R	URAL and give township)
0	vensity Ho.	1 or C	Illen De	unie M	4. 32-00
XOMI	OL MANY		D. STREET ADDRESS? (If	rural give lacation)	
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. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years)	Il Under 1 Yı. If Under 24 Hi Months: Days Houss Min.
1-	W	WIDOWED, DIVORCED (specify)	7/19/67	iosi sinnuoy,	1 36
		108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
	of working life, even if retired)		U.S.A-1	40	WHAT COUNTRY?
. N 3. FATHER'S N	ONE		14. MOTHER'S MAIDEN NA		
C. HAN			D -		
CHAM			DEILY		
	ed Ever in U. S. Armed For		17. INFORMANT	- 1 4	ADDRESS
		3.00	ELL. TS.	Ikun M. L	
18	7 / V I	CAUSE	OF DEATH		INTERVAL BETWEEN
1/	ASE OR CONDITION DIE	RECTLY	A		ONSET AND DEATH
0.00	LEADING TO DEATH	(A)	1 MANTURITY		1 An. Grnin
	nal mean the made of	dying, e.g., DUE TO		ada analika da kara na nyana makaka da kara karina 0 000000000 000000000000000000000000	
	ie, asthenia, etc. It means camplication which caused	ine disease,			
	ANTECEDENT CAUSES	(B)			
DISEASES	OR CONDITIONS, if	DUE TO			
rise la	the abave cause (A)				u unh c c c c c c c c c c c c c c c c c c c
UNDERLY	NG CONDITION fast.				
Z OTHER SIG	11				
O THE	ONIFICANT CONDITIONS CONDEATH BUT NOT RELA	TED TO THE			
DISEASE O	OR CONDITION CAUSING I	Т.	20A. AUTOPSY? (Yes or No	1 208 IE VEC WERE	INDINGS CONSIDERED
19A. DATE	WAS PER	DITION FOR WHICH OPERATION	20A. AUTOPSTETIES OF INC	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
	DENT WAS UNDERLYING	218 PLACE OF INITIAVIA	in or about 21 C. WHERE DID	()f in Rolliman	City, give exact location)
OR CONTR	BUTING CAUSE OF	home, form, factory, street,	office bldg., INJURY OCCUR?	tii in bollimore	Ony, give exoct toconom
O DEATH (no	tify medical examiner)	etc.)			
OF INJURY	(Month) (Day) (Year)		21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While At Not WI	nile h		
22 1	thu shae (1) (this bas-iss) attended the deceased from		10 +- 5	3, sm 1/15/19
		11011 = 41	2 .4.1.		/ / /
	ve) last saw the decease	7.1 L		at in (my) gour) apir	nion death accurred on the d
		red abave. (I) (We) (slid) (did nat)	view the bady after death.		
23A. SIGNA	TURE /	0.			238, DATE SIGNED
	elles !		ttending Med. Director	Stoff Phys.	7/19/67
23 C. PHYSI	CIAN'S		23D. ADDRESS		1111
NAMI	FLLIOT S	TOKAR M.	. IN UNICHER	Si THO Atto	ACDIVI ININ
24A. BURIAL C		24C. NAME of CEMETERY OF C	REMATORY 24D-1	OCATION (CI	ly, rown, or county) (Stote)
	L (Specify) 8-4	10	TOTALS TIONS	TINIC MEDI	CAL CCHOOL
		8	JUHNS HUPA	VINS MEDI	CAL SCHOOL
SA. DATE REC	C'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	W CENTURE	ADDRESS
	AUG 1 4 1067	12 P. S. E. Farley M.A.	MUKIUAK	Y SERVIC	- BUILB





10	C C	MMO/	BALTIMORE CITY	HEALTH DEPARTMENT		67 7706
MIRTH NO. 17/14	371 01	//Ut	CERTIFICA	TE OF DEATH	Registered No	. 01 1/05
NAME OF DECEASE				2. DATE	AND HOUR OF DEAT	
Type or Print)	ARDS. L	ENN AR	D TROY	J	1144 28	1967 6 2 A
PLACE OF DEATH	N BALTIMORE, MA	RYLAND	11.07	4. USUAL RESIDENCE	Where deceased lived. If	1967 6 PA
FULL NAME OF HOSPITAL OR	(If not in hospital oddiess ar location	or institution, gi n)	ve street	C CITY OF TOWN	outside site limits with	e RURAL ond give township)
INSTITUTION /1010	I=IPCITY /	7#	444			
2001	EPESITY C	mar	YLAND	BALTI MO D. STREET ADDRESS	(If juigh, give location)	60-1-1
38	itos p	PITAL		11 0		AVE
. SEX 6. R.	*		NEVER MARRIED	B. DATE OF BIRTH		
		WIDOWED.	DIVORCED (specify)	7-18-67	9. AGE (In years lost birthdoy)	0 10
OA, USUAL OCCUPAT ane during most of warking		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at	foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
				MARYLAN	10	USA
INFANT 3. FATHER'S NAME		1		14. MOTHER'S MAIDEN		0-77
	VT EDO				SMITH	
. Was Deceased Ever es,na or unknawn) (If y	in U. S. Armed Far es, give war at date	ces? es of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO		- 81	NONE	HOSPITHL	CHART	
18. 11 6 9	(5)		CAUSE O	F DEATH	11////	INTERVAL BETWEEN
DISEASE	R CONDITION DIE	DECTI Y				ONSET AND DEATH
	DING TO DEATH	NE C I E I	(6)	PREVMONIA		2DAYS.
(This does not n	neon the mode of	dying, e.g.,	DUE TO			
	enio, etc. It meons stion which coused					
	CEDENT CAUSES		(B) MULT	IPLE CONGEN	UTAL ANOMA	WES WHOLE WEE
			DUE TO			
	CONDITIONS, if		(C)			
UNDERLYING CO			***************************************			
	11					
	NT CONDITIONS C					
I IO INE DEAT	H BUT NOT RELA					
19A. DATE OF OPE	RATION 198. CON		HICH OPERATION	20 A. AUTOPSY? (Yes a	No. 208, IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
19A. DATE OF OPE	WAS PER	PORMED			IN CERTIFING	NO
21A. ACCIDENT W	AS UNDERLYING	21 B. I	PLACE OF INJURY (e.g., i	or about 21 C. WHERE DI	D (If in Baltim	nate City, give exact location)
OR CONTRIBUTING	ical examiner	etc.)	, tarm, tactaly, street, a	fice bldg., INJURY OCCUR	(?	
21D. TIME (Me	inth) (Day) (Year)	(Ha) 215	INJURY OCCURRED	215 HOW DID	INJURY OCCUR?	
OF INJURY	illili) (Duy) (real)		e AI Not Whil		INJURI OCCUR:	
(APPROX.)		Wark				
22. I certify that	(1) (Hais hospital	attended the	e deceased from	JULY 20	1967 to	JULY 28 1967
						pinion deoth occurred on the do
						plinion death occurred on the do
	m the causes stot	ted obave. (I)	(did nat) v	iew the body ofter deo	th.	
23A. SIGNATURE	11	1 01	1			23B. DATE SIGNED
Ţ	(loclos)	work	M.D. Atte	s. Med. Director	Staff Phys.	7-28-67.
23C. PHYSICIAN'S	100000	11		23D. ADDRESS		
NAME (Type)	+11-		M.D.	12 May Lamberton	Who was a day	
AA BIIBIAI CBEAAA	1 HEO DORE	2 (UOLFF	YAUVEN SAL	1 OF MI	7 1 103/1 TVAVI)
4A. BURIAL CREMAT REMOVAL (Specie	y) Z4B. DATE	24C.NA	ME of CEMETERY OF CRI	MAPORT - A C S 1 424	J. LOCATION - O L	(State)
	0-4-	4)		JOHNS HO	PKINS ME	DICAL SCHOOL
SA. DATE REC'D BY	HEALTH DEPT.	258. NAME O	FREGISTRAR	25C AL MINAUTOIRE	TORTY CERTIFIE	ADDRESS
All	G141967	R.O. F.	E. Farberma	ALTOY I O'	MI SERVI	CE - BCHB
S 150-REV. 1/1/65	1001	MINORIA .	_,			



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. or contributing cause of death (4) Undetermined cause; (5) Deceased M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ПО い hospital death. 3. PLACE OF DEATH IN BALTIMORE USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
STATE

B, COUNTY attendance (If not in hospital or institution, give street oddress or tocation) FULL NAME OF C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION 0 prior e. (If rutol, give location) occurred regular made 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 8. DATE OF BIRTH If Under 1 Yr. Months: Doys 6. RACE deceased WIDOWED, DIVORCED (specify) lost birthday! 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF death = WHAT COUNTRY? isposition done during most of working life, even if retired) USA Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct 0580 IMPORTANT assistant death 00 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. attendance TOICUM M. O any pronounced CAUSE OF DEATH 0 his DISEASE OR CONDITION DIRECTLY of mbalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease, OL FUNERAL DIRECTOR: injury or complication which caused death,) regu ANTECEDENT CAUSES 9 DUE TO DISEASES OR CONDITIONS, if any, giving 4 3 3 rise to the above cause (A) stating the physician UNDERLYING CONDITION lost. the remains chief medical Was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 0 WAS PERFORMED 3 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? to the hospital o Z DEATH (notify medical examined) any nature; MEDIC approved by obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 (except While At Not While (APPROX.) Work At Work and and that In(my) (aur) apinian death accurred on the date eath) hospital and haur and fram the causes stoted abave. (1) (We) (did) (did nat) view the body after death. the body was released must shows: (1) An accident 23A. SIGNATURE 238, DATE SIGNED P Attending Phys. Stoff M.D. Med. 0 Director Phys. approval 0 PHYSICIAN'S NAME (Type 23D. ADDRESS prior ā ELLIST S. TOKAR 4 24A. BURIAL CREMATION, |248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City. eceased town, or county) o REMOVAL (Specify) d 25A. DATE REC'D BY Was 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

If Under 24 Hrs.

ADDRESS

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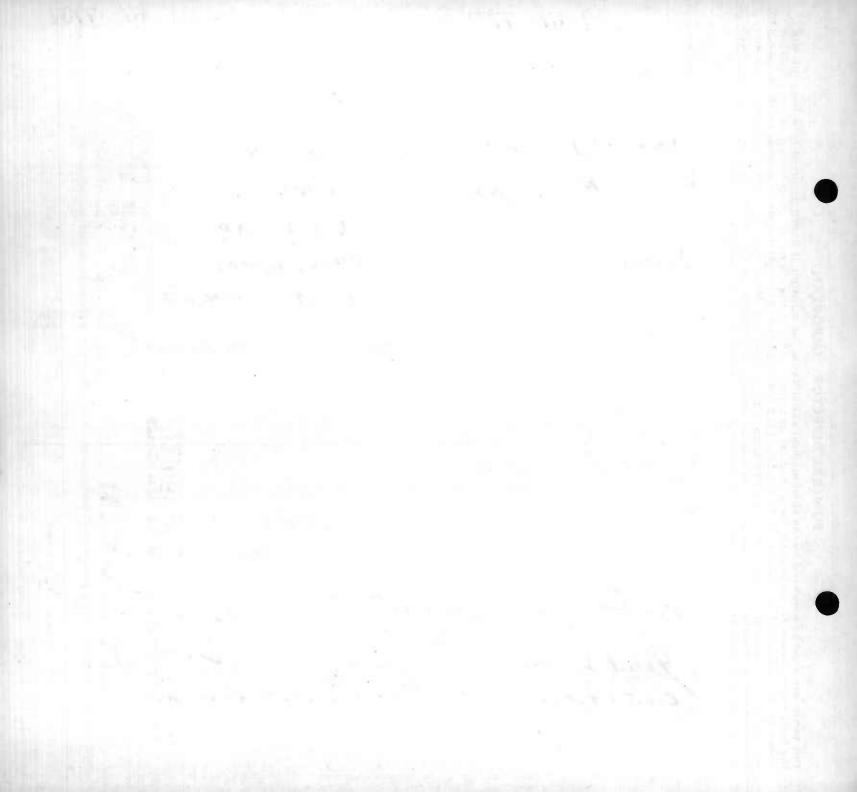
INTERVAL BETWEEN

ONSET AND DEATH

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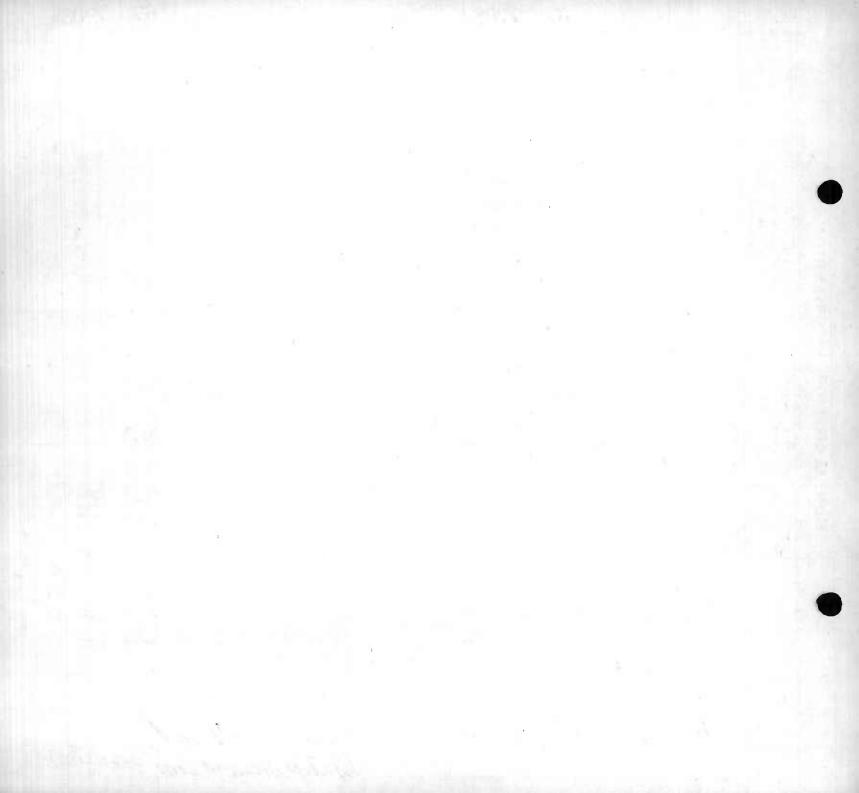
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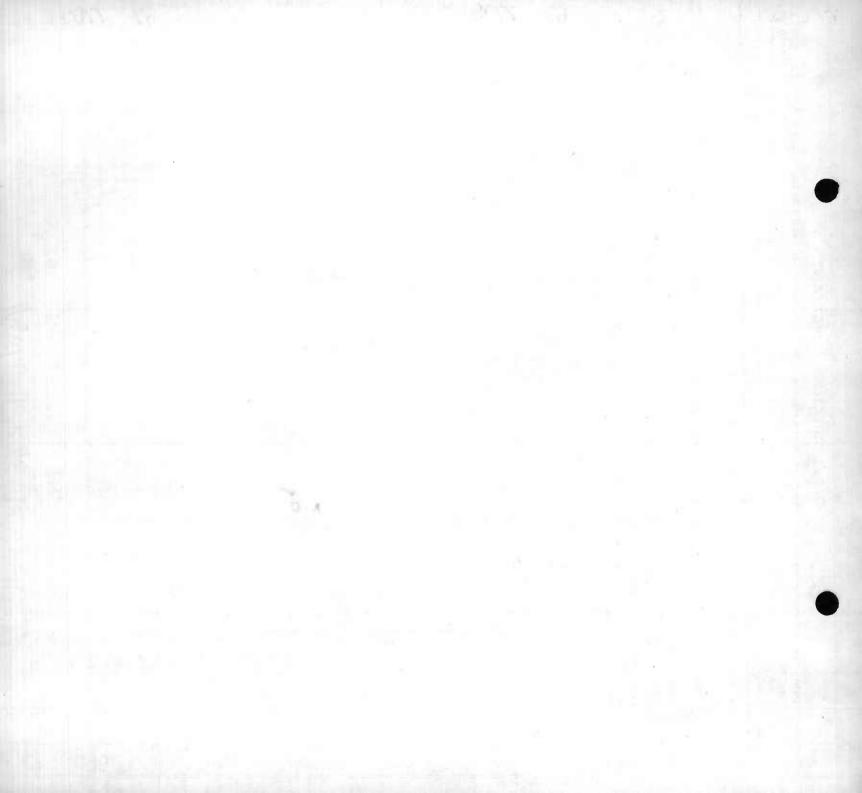
DIRECTOR:

FUNERAL



BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 67-154 Registered Na. CERTIFICATE OF DEATH Such Deceased of deat I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital 4 USUAL RESIDENCE (Where deceased lived, If institution: residence before death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND attendance (2) cause FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) canse; INSTITUTION 0 = prior D. STREET ADDRESS (If rurol, give location) contributing occurred (4) Undetermined is made. regular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) lost birthdoy) Months! Doys Hours IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF death disposition WHAT COUNTRY? 2 done during most of working life, even if retired) SD M the 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME direct IMPORTANT assistant uo death 15. Was Deceased Eyer in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL SECURITY NO. or final ance any pronounced INTERVAL BETWEEN attend ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med 90 LEADING TO DEATH fracture (This does not mean the made of dying, e.g., pq heart foilure, osthenio, etc. It means the disease, DIRECTOR: regular injury or complication which coused death.) E H ANTECEDENT CAUSES who DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the (C) physician the remains UNDERLYING CONDITION last. the chief medical MOS medical FUNERAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. CERTIFIC 20 A. AUTOPSY? (or No) 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B, IF YES, WERE FINDINGS CONSIDERED 0 IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 218 PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) where the hospital å MEDICAL DEATH (notify medical examiner) nature; by obtained 21 D. TIME (Doy) (Year) 2'15 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) Al Work and Work any 22. I certify that (I) (this hospital) attended the deceased fram pe that (I) (we) last saw the deceased alive an and that in(my) (aur) opinion deoth occurred on the date death) hospital and haur and fram the causes stated above. (1) (We) (dld) (did nat) view the bady after death. must accident 23A, SIGNATURE 23B, DATE SIGNED Attending Stoff Med. 0 Director written approval Phys. Phys. 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) VILMA 24A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION eceased o REMOVAL (Specify) shows: 6 Was 25B. NAME OF REGISTRAR ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 25C FUNERAL DIRECTOR

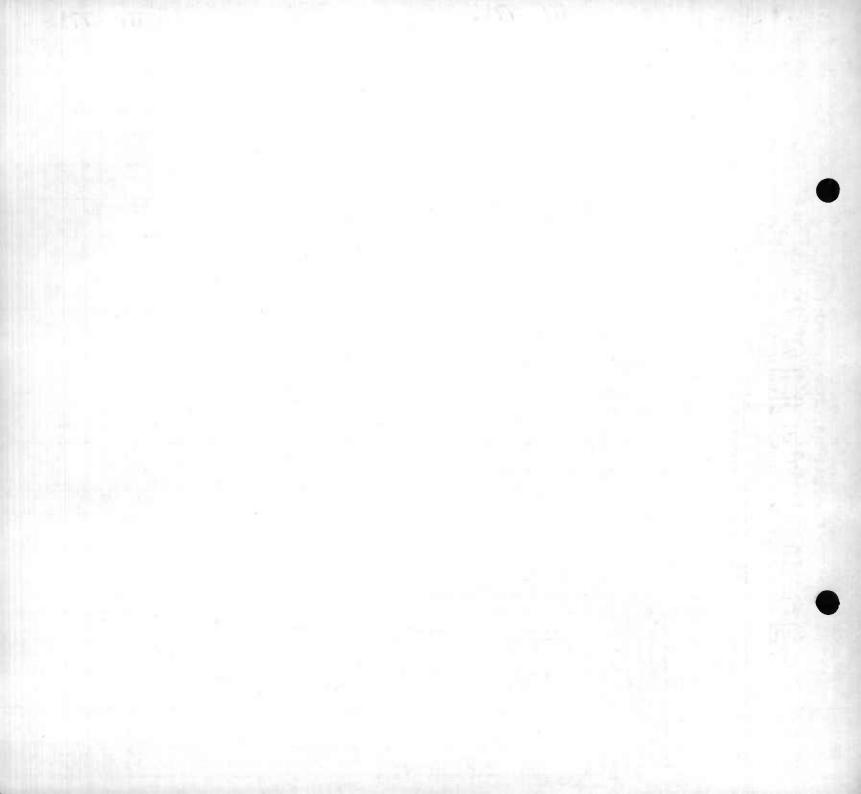
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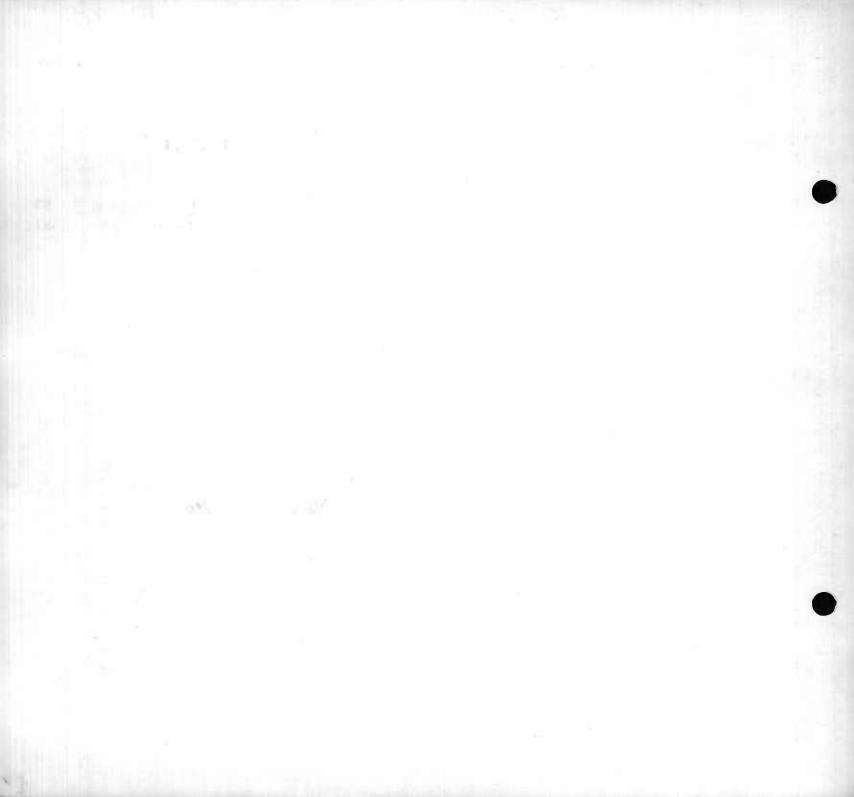
71.5 NO

lar	od I	11 2. DAT	AND HOU	R OF DEATH	15	-30A1	Y M.
	4. USUAL A. STATE	RESIDENCE (Where deced	sed lived. If ins	stitution: resid	ence before o	dmission)
	140	Well,	ano	(26	-00
	C. CITY O	R TOWN	If outside cit	y limits, write R	URAL ond gi	v township	00
	Pla	14113	none		212	24	
el	D. STREET	ADDRESS	(If rurol, gi	ve locotion)	54.		
	8. DATE OF	BIRTH	9. AGE	(In years	If Under 1	Yr. If Under	r 24 Hrs.
ed.	8/1	167	lost birt	hdoy	Months Do	2 14	Min.
USTRY	11. BIRTHPL	A CE (Stote or	foreign cour	itry)	12. CITIZEN	OF COUNTRY?	
	Ma	ry 10	ind	4			
1	14. MOTHE	R'S MAIDEN	NAME	7	- 0	-6.	
£ .	Barl.	sara	HINN	dan	ens	CI	
	17. INFORM	ANT			A	DRESS	
USE OF	DEATH					SET AND DE	
0		aloc	00				
TO	regi	ucoc	acc			**************	
TO			*******************	***************************************			
10							
1	20 A. AU	TOPSY? (Yes	IN C	IF YES, WERE FERTIFYING CAL	INDINGS CO	NSIDERED ATH?	
Y (e.g., in	or obout 21	C. WHERE DI	D	(If in Boltimore	Cily, give e	xoct locotion)	
ireet, off	ice bldg., IN	IJURY OCCU	R?				
ED	21	F. HOW DID	INJURY O	CUR?			
ot While							
n	8-1-	7	1967	ta C	8- 4	_ 19	62.
	19	67 an		y) (aur) apin	ian death a	ccurred an	the date
nat) vi	lew the ba	dy after dec					
					23B DATE S	IGNED	
	nding _	Med. Director	Stoff Phys.		8-4	-67	
2	3D. ADDRE	SS					
M.D.	M	ARGUA	NDI	GENE	11/03/	PLAND	
or CRE	MATORY	IVED S	ITV N	N (Cit	y, town, or c	IOOI	(Stote)
	25C. FU	MERAL DIRE	CTOR	LUICA.	L SUI	ADDRESS.	
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FUNERAL DIRECTOR: IMPORTANT	pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such obtained before the remains are embalmed or final disposition is made.
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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Ch h	BALTIMORE CITY	HEALTH DEPARTMENT	\/	67 7719 4
- I I I I I I I I I I I I I I I I I I I	712 CERTIFICA	TE OF DEATH	Registered Na.	01 1112
M.E. CASE NO. 1. NAME OF DECEASED		DATE AN	D HOUR OF DEATH	
(Type or Pribaley Court	Phillips	Augus	1 1.	1145 AN
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived, thir	nstitution: residence before admission)
FULL NAME OF (If not in hospital or institu		MARLIANID		Balto Co RURAL and give township)
MRRY IAND Gene	eRAl Hospital	Baltimak	e city innits, white	53-00
48		D. STREET ADDRESS (H)	rurol, give locotion) PAI BIVD	
	RRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	VER MARRIE C	AUGUST 7,1967	lost birthdoyl	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
None	None	MAPUINNA		Ha 11.5. A.
3. FATHER'S NAME		14. MOTHERS MAIDEN NAM	ME , A	
		Dania Pa	marial.	
5. Was Deceased Ever in U. S. Armed Forces? es, no or unknown}{(If yes, give wor or dates of ser	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT	TUWKIN_	ADDRESS
A/O	None	Take a Town or		
18. 0 6 9 21		PF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) 1	Withele a	ngenetal	
(This does not mean the made of dying, heart failure, osthenia, etc. It means the dis		1	nalie	**************************************
injury ar camplicotian which caused death.)		agrio r.	10005	
ANTECEDENT CAUSES	DUE TO	~	***************************************	
DISEASES OR CONDITIONS, il ony,				
rise to the above couse (A) stoling UNDERLYING CONDITION last.	the (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
O 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	ffice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exoct locotion)
Q 21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX)	While At Not While Work At Work	le 📄		
22. I certify that (!) (this hospital) atten	ded the deceased fram		9to	19
that (I) (we) last saw the deceased alive	an Aug	7 19 67 and the		nion death occurred on the dat
and haur and fram the couses stated abo	ve. (1) (We) (did) (did nat) v	view the bady after death.		
23A. SIGNATURE	4 0 0 0	anding - AAad -	Ath Mari	23B. DATE SIGNED
Vilma 7. 16	adala M.D. Atto		Stoff Phys.	8-7-67
23C. PHYSICIAN'S NAME (Type)////////////////////////////////////	ADALAN M.D.	Marin Kenglas fe	San Hay	O- Half Red
AA. BURIAL CREMATION, 24B. DATE	4C. NAME OF CEMETERY OF CR	EMATON TO TO LAD. L	CATION U	ity town or country (Stote)
REMOVAL (Specify)		HNIVEDCITY	/ MEDICA	I CCUOOI
	AME OF REGISTRAR	25C FUNERAL DIRECTOR	MEDILA	ADDRESS
AUC 1 4 10CT A	A E Farley MA	MORTHAR	SERVIC	E RCHD
(5 150-REV. 1/1/65	ALL C. MOUNTER		DLATIC	- DOND



M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)		TE OF DEATH	ND HOUR OF DEATH	1
KELMOK DEPA	Boy - Carolyn-	8/4	167 - 8:	50 am
PLACE OF DEATH IN BALTIMORE, MARYLAND		A, STATE B. COL	NTY	institution: residence before admission)
FULL NAME OF (If not in hospital or instituted address or location)	tion, give street	Maryland		
INSTITUTION Baltimore City H	ospitals	Baltimore	outside city limits, write	RURAL and give township
2 / 4940 Eastern Ave	nue	D. STREET ADDRESS	f rurol, give location)	7/4
O / Baltimore, Marylan	nd 21224	1438 William	Street	21230
	RIED, NEVER MARRIED OWED, DIVORCED (specify) OVER MATTIED	8-4-1967	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
A. USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
ne during most of working life, even if fetired)		Maryland		U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
		Carolyn For	rester	
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es,no or unknown) (If yes, give war or dates of serv		Records: BCH-494	O Eastern A	venue 21224
18. 76/,01	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	/	2060,000		
(This does not mean the mode of dying,	e.g., DUE TO	wpayaa		
hearl foilure, asthenia, etc. II means the dise		of At in	4	
ANTECEDENT CAUSES	(B)	Gelevical	trauma	<i>)</i>
	DUE TO			
DISEASES OR CONDITIONS, if any, gi	ving			
DISEASES OR CONDITIONS, if any, gi				
rise to the above couse (A) sloting UNDERLYING CONDITION last.	JTING (C)			
rise to the obave couse (A) slating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING (C)	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
TISE IN THE BOOK COUSE (A) Slating UNDERLYING CONDITION INST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	JTING	yes	IN CERTIFYING C	ALICEC OF DEATH?
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The the said have a

BIRTH NO.

		716 BALTIMORE CITY HEAL			
BIRTH NO.	MED	OICAL EXAMINER'S CE	ERTIFICATE OF D	EATH Register	red N67 7716
M.E. CASE NO.					
1. NAME OF DEC	EASED		2. DATE AND	HOUR PRONOUNCE	ED DEAD
JO	SEPH H. BOL	IACK JR. WHERE PRONOUNCED DEAD		8, 1967	9:15 p _N
3. PLACE IN BALT FULL NAME OF HOSPITAL OR		TAL OR INSTITUTION, GIVE STREET	A. USUAL RESIDENCE (Varied of A. STATE Maryland C. CITY OR TOWN (If outside	B. COU	Baltimore G
INSTITUTION			Essex (21)		53-00
SINAI HO	OSPITAL D.O	.A.	D. STREET ADDRESS (If rurol, g		
5. SEX Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED(specify) Married	B. DATE OF BIRTH March 4. 1926	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months, Doys, Hours, Min
TOA. USUAL OCCL	PATION (Give kind of wo vorking life, even if retired) perator	Western Electric Co.			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	seph Bollack	, Sr.	14. MOTHERS MAIDEN NAME Grace Spangle	r	
	O EVER IN U.S. ARME		17. INFORMANT		ADDRESS

Josep 15. WAS DECEASED EV (Yes, no or unknown) (If ye WWII 20 18 7500 Mary Bollack Same

INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Disease ANTECEDENT CAUSES DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C).

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

CERTIFICATION NO MEDICAL 21 A. EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, lorn, foctory, street, office bidg., NJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 F. HOW DID INJURY OCCUR?

21D TIME 21E. INJURY OCCURRED (Month) (Dov) (Hour) OF INJURY WHILE AT NOT WHILE (APPROX.) 22. InspectionX Autopsy I certify that I held on Inquiry ond that on this bosis, death in my opinion

resulted fram: Notural causes XX Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINERA DATE SIGNED

ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE

ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) Russell S. Fisher, M.D.

23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specify)

Burial 8/12/67 Oak Lawn Cemetery ADDRESS 24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR

П

August 9, 1967

VS 151-REV. 1/1/65

ASSI A done Selvent North 1925 in end Operator - - western clasticity to Baltimore was Consent dellact, dr. 220 In 1500 Taxy hollands Same? bashow monthless manufacture worked

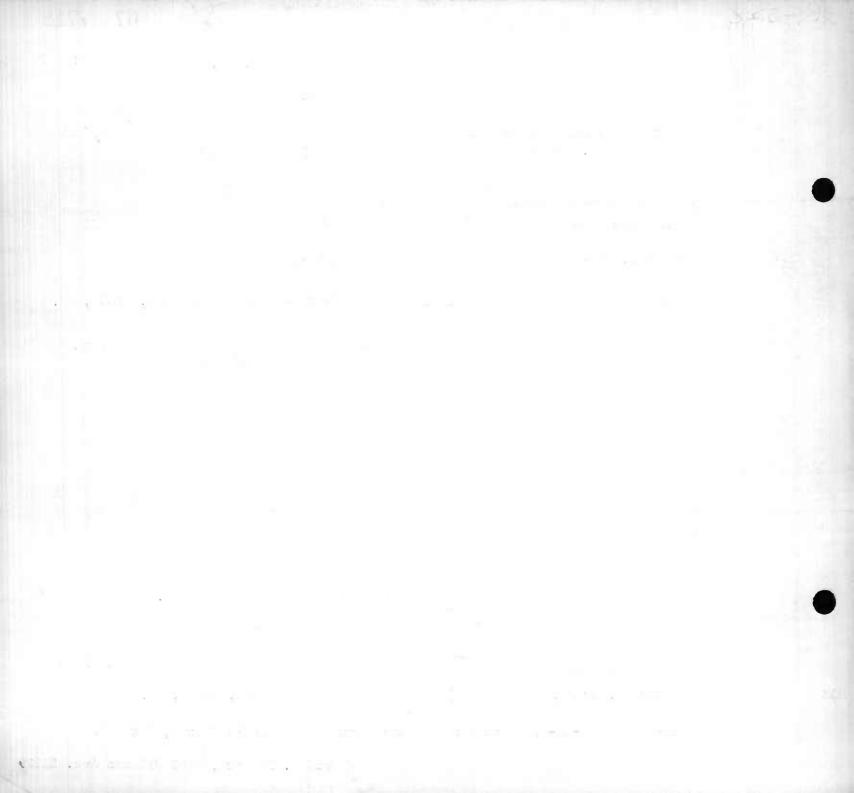
67. 7717 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. MED	ICAL EXAMINER'S	CERTIFICATE OF DEATH	stered No. 67 7717
M.E. CASE NO.		\	
1. NAME OF DECEASED (Type of Print) MINNIE LEE	WYAT	2. DATE AND HOUR PRONOUN	
3. PLACE IN BALTIMORE, MARYLAND, W		T August 10, 19	nstitution: residence before admission
		A. STATE B. C	OUNTY
FULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCALINSTITUTION	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN (If outside corporate limits, w	nite RURAL and give township)
Maryland General	Hospital (DOA)	D. STREET ADDRESS (If rurol, give location)	V-40
A de la	Hospital (DOA)	2104 Houston Street	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year	rs If Under 1 Yr, If Under 24 Hi
	widowed, Divorced(specify)	Jan. 10,189 1 lost birthdoyl	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of wor	KIOB KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even if retired)	II	Warra a	WHAT COUNTRY?
Homemaker 3. FATHER'S NAME	H ome	Texas	USA
	U .		
James Kelly		Susie Collins	
5. WAS DECEASED EVER IN U.S. ARMET		17. INFORMANT	ADDRESS
es, no or unknown, in yes, give wor or dote	SECORITI NO.	Lerria Wyatt 2104 W. Hous	ston St.
NO		Levelland, Texas	INTERVAL BETWEEN
OISEASE OR CONDITION DI LEADING TO DEATH (This does not meon the mode of heart failure, asthenia, etc. It means injury or complication which coused ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) SUBJECTION (CONDITION)	dying e.g., she disease, death.) S ANY, GIVING DUE TO	eriosclerotic and Hypertensiv Cardiovascular Disease	7E
UNDERLYING CONDITION LAST.	(C)		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING TIPA, DATE OF OPERATION 198, CON	LATED TO THE		
19A. DATE OF OPERATION 19B. CON		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY home, form, foctory, streetc.)	(e.g., in or about 21C. WHERE DID (If in Baltimore City, eet, office bldg., INJURY OCCUR?	give exact location)
Z1D TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)		RRED 21F. HOW DID INJURY OCCUR?	
22.		AT WORK	
I certify that I held an			
resulted fram: Natural ca	uses X Accident Su	uicide Hamicide Undetermined ma	nner
	, ()	CHIEF MEDICAL EXAMINER	DATE CALLED
ACTUAL MAR	Rela /	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE Wern	er U. Spitz, M.D.	- Mile De	8/11/67
ENAMINEIN 3	er U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER	0, 22,0,
NAME (Type) 3A. BURIAL CREMATION, 23B. DATE (EMOVAL (Specify)	27C. NAME OF CEMET	TERY OI CREMATORY 23D. LOCATION (C	ity, town, or county) (State)
	2 1067 044 67	1101 C	Torrag
Burial Aug. 1 4A. DATE REC'D BY HEALTH DEPT.	3.1967 City of Lev		ADDRESS
AUG 1 4 196	7 DO FO JAD.	HOWARD H. HUBBARD 410	7 WILKENS AVE. 212

PERCENT OF THE PERCEN

RGB

	CASE NO.			8 CERTIFICA			
	AME OF DEC		Marie R	amos		AND HOUR OF DEATH	4:55 P
. P	ACE OF DEA	TH IN BALTIMORE MA		CU1100	4. USUAL RESIDENCE (WI	g. 10, 1967	Hitution; residence before odmissi
F	ULL NAME O		or institution,	give street	Va.	INTY	
	NOITUTITE				c. city or town (If a	outside city limits, write R	UKAL one give township)
5		lic Health Se yman Pk. Driv		ospital	D. STREET ADDRESS 6934 Reg	frurol, give locotion) ent Lane	7.3
. SI	F	6. RACE	WIDOWED	NEVER MARRIED D, DIVORCED (specily) ried	6/16/30	9. AGE (In years lost binhdoy)	If Under 1 Yr. II Under 24 Months Days Hours Min
	during most of	JPATION (Give kind of work working life, even if retired) ales clerk	k 10 B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
3. F	ATHER'S NAM	AE			TA. MOTHER'S MAIDEN N.	AME	
	Clyde	W. Harris			Mabea Mos	S	
5. V	as Deceased	Ever in U. S. Armed For	rces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no	, till yes, give wor or dole	es of servicer	578-34-9698	Records- US	PHS Hospita	al, Balto, Md.
	1B. / 9 C	SE OR CONDITION DI	DECTIV	CAUSE OI	DEATH		ONSET AND DEATH
	DISEAS	LEADING TO DEATH	KECIEI	M	alignant meland	oma with	$1\frac{1}{2}$ yrs.
		al mean the made at	dying, e.g.,	DUE TO	widespread me	2+20+2000	
		osthenia, etc. It means plication which caused				e las lases	-9.00
	injuly al cam		death.)	4			
	DISEASES O	plicolian which caused ANTECEDENT CAUSES DR CONDITIONS, if	death.) any, giving	(B)			
	DISEASES C	plication which caused ANTECEDENT CAUSES	death.) any, giving	4			
	DISEASES Coise to the UNDERLYING	ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION lost, I FICANT CONDITIONS CEATH BUT NOT RELA	any, giving sloling the CONTRIBUTING	(C)			
CATION	DISEASES Coise to the UNDERLYING	ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION lost, I FICANT CONDITIONS C EATH BUT NOT RELACED CONDITION CAUSING	any, giving stoling the CONTRIBUTING ATED TO TH	(C)	20A. AUTOPSY? IYes or I	No) 208, IF YES, WERE F IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
AL CERTIFICATION	DISEASES COMERCE IN THE CONTRIBUTION OF THE CONTRIBUTION OF CO	ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) OF CONDITION lost, FICANT CONDITIONS CONDITION CAUSING OPERATION 198, CON	any, giving stoling the CONTRIBUTING ATED TO THIS. SIGNAL OF CONTRIBUTION FOR MED	G B CC) G WHICH OPERATION PLACE OF INJURY (e.g., in the, larm, foctory, street, oli		No) 208, IF YES, WERE F IN CERTIFYING CAU	INDINGS CONSIDERED USES OF DEATH? City, give exact location)
MEDICAL CERTIFICATION	DISEASES COMERCE IN THE CONTRIBUTION OF THE CONTRIBUTION OF CO	ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) GONDITION lost, FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING OPERATION 198. CONWAS PER NT WAS UNDERLYING CAUSING CAUSING CAUSE CONDITION CAUSING CAUS	any, giving stoling the CONTRIBUTING ATED TO THIT. ADITION FOR MED CORNED CORN	G PLACE OF INJURY (e.g., in the, forter, old street,	20A. AUTOPSY? IYes or I YES or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	No) 208, IF YES, WERE F IN CERTIFYING CAL YES (If in Boltimore	ISES OF DEATH?
MEDICAL CERTIFICATION	DISEASES COMES TO THE SIGNITO THE DISEASE OR 19A. DATE OF	ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) GONDITION lost. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING OPERATION 198. CON WAS PER NT WAS UNDERLYING THE CONDITION CAUSE OF medicol exominer)	any, giving stoling the CONTRIBUTING ATED TO THIS HOME DISTRIBUTION FOR MEDITION FO	G B CC) G WHICH OPERATION PLACE OF INJURY (e.g., in the, lorm, foctory, street, old) INJURY OCCURRED itle At Not While	20A. AUTOPSY? IYes or IYES or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	No) 208, IF YES, WERE FIN CERTIFYING CALL YES (If in Boltimore	City, give exact location)
MEDICAL CEXIFICATION	DISEASES COMISE TO THE DISEASE OR OTHER SIGNITO THE DISEASE OR 19A. DATE OF OR CONTRIBUDEATH (notily) 21 D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION lost. FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING OPERATION 1988. CONWAS PER	any, giving stoling the CONTRIBUTING ATED TO THE INTERPOLATION FOR MED 218. hometc. (Hour) 21E. Wh. Wo.	G E WHICH OPERATION PLACE OF INJURY (e.g., in the, lorm, foctory, street, oli the local	20A. AUTOPSY? IYes or I YES or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID IN	No) 208. IF YES, WERE FIN CERTIFYING CALL YES (If in Boltimore	City, give exact location)
MEDICAL CERTIFICATION	DISEASES OF THE DISEASE OR OF	ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) to condition lost. FICANT CONDITIONS CALLED TO CAUSING OPERATION 198. CONDITION CAUSING OPERATION (Month) (Day) 1Yeor) that (1) (this hospital lost sow the decease	any, giving stoling the CONTRIBUTING ATED TO THIT. ADDITION FOR MED 21B. homets. (Hour) 21E. Wh. wo	GE WHICH OPERATION PLACE OF INJURY (e.g., in e., lorm, foctory, street, oll ite At Not While At Work he deceased from J. Aug/ 10	20A. AUTOPSY? IYes or I YES or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID IN	No) 208, IF YES, WERE FIN CERTIFYING CAU YES (If in Boltimore	City, give exact location)
MEDICAL CERTIFICATION	DISEASES OF THE DISEASE OR OF	ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) CONDITION lost, FICANT CONDITION SCEATH BUT NOT RELACIONATION CAUSING OPERATION 198. CONWAS PER NT WAS UNDERLYING CONDITION (Day) 198. (Month) (Day) 1960) That (1) this hospital lost sow the decease of from the causes sta	any, giving stoling the CONTRIBUTING ATED TO THIT. ADDITION FOR MED 21B. homets. (Hour) 21E. Wh. wo	GE WHICH OPERATION PLACE OF INJURY (e.g., in e., lorm, foctory, street, oll ite At Not While At Work he deceased from J. Aug/ 10	20A. AUTOPSY? IYes or I YES or obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID IN	No) 208, IF YES, WERE FIN CERTIFYING CAU YES (If in Boltimore	City, give exact lacation) 10 1967 10 at the course of t
MEDICAL CERTIFICATION	DISEASES CO ise to the UNDERLYING OTHER SIGNI TO THE D DISEASE OR PA. DATE OF 21 A. ACCIDEN OR CONTRIBU DEATH (notily 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and hour and	ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) CONDITION lost, FICANT CONDITION SCEATH BUT NOT RELACIONATION CAUSING OPERATION 198. CONWAS PER NT WAS UNDERLYING CONDITION (Day) 198. (Month) (Day) 1960) That (1) this hospital lost sow the decease of from the causes sta	any, giving stoling the CONTRIBUTING ATED TO THIT. ADDITION FOR MED 21B. homets. (Hour) 21E. Wh. wo	B) DUE TO (C) G (E WHICH OPERATION PLACE OF INJURY (e.g., in the company of	20A. AUTOPSY? IYes or IYES or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID IN 12	No) 208, IF YES, WERE FIN CERTIFYING CALL YES (If in Boltimore NJURY OCCUR? 1967 ta Aug.	City, give exact lacation) 1967 Tion death accurred an the c
MEDICAL CERTIFICATION	DISEASES CO ise to the UNDERLYING OTHER SIGNI TO THE D DISEASE OR PA. DATE OF 21 A. ACCIDEN OR CONTRIBU DEATH (notily 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and hour and	ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION lost. FICANT CONDITIONS OF CAUSE (A) CONDITION CAUSING OPERATION WAS PER (Month) (Day) (Year) Thot (1) (this hospital lost sow the deceased from the causes stause)	any, giving stoling the CONTRIBUTING ATED TO THIT. ADDITION FOR MED 21B. homets. (Hour) 21E. Wh. wo	B) DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., in the lorm, foctory, street, old the lord, street, old the lord, street, old the lord, street, old lord, street, o	20A. AUTOPSY? IYes or it yes or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID IN 19 67 and iew the body after death of the body after d	No) 208, IF YES, WERE FIN CERTIFYING CAU YES (If in Boltimore	City, give exact location) 10 1967. 10 death accurred on the death accurred and the death
MEDICAL CERTIFICATION	DISEASES OF THE DISEASE OR THE DISEA	ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) CONDITION lost. FICANT CONDITIONS OF EATH BUT NOT RELATED NOT RELATED NOT RELATED NOT RELATED NOT CAUSING OPERATION (Day) (Month) (any, giving stoling the CONTRIBUTING TO THE INTERPOLATION FOR VICE Whome tc. (Hour) 21E. Whome tc. (Hour) 21E. Whome tc. (Hour) 21E. Whome tc. (Hour) 21E. Whome tc. (SA Surge 24C. N.)	B) DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., in the lorm, foctory, street, old the lord, street, old the lord, street, old the lord, street, old lord, street, o	20A. AUTOPSY? IYES OF YES or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID IN 21F. HOW DID I	Not 208. IF YES, WERE FIN CERTIFYING CAU YES (If in Boltimore NJURY OCCUR? 1967 to Aug. that in (m/x) (aur) apin	City, give exact lacation) 10 1967. 10 1967. 238. DATE SIGNED 8/11/67 Md. y, town, or county) (State
WEDICAL CERTIFICATION	DISEASES OF THE DISEASE OR THE DISEA	ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION lost. FICANT CONDITION SO REATH BUT NOT RELATED CONDITION CAUSING OPERATION 198. CON WAS PER MIT WAS UNDERLYING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (1) (this hospital lost sow the decease of fram the causes stated of the causes of the cause of the causes of the cause of the	any, giving stoling the CONTRIBUTING THE TO THE STORMED TO THE STORMED THE STO	B) DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., in the land of CEMETERY of CRE	20A. AUTOPSY? IYES OF YES or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID IN 21F. HOW DID I	No) 208, IF YES, WERE FIN CERTIFYING CALL YES (If in Boltimore NJURY OCCUR? 1967 ta Aug. that in (m/) (aur) apin	City, give exact lacation) 10 1967. 10 1967. 238. DATE SIGNED 8/11/67. Md. y, town, or county) IState.



IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

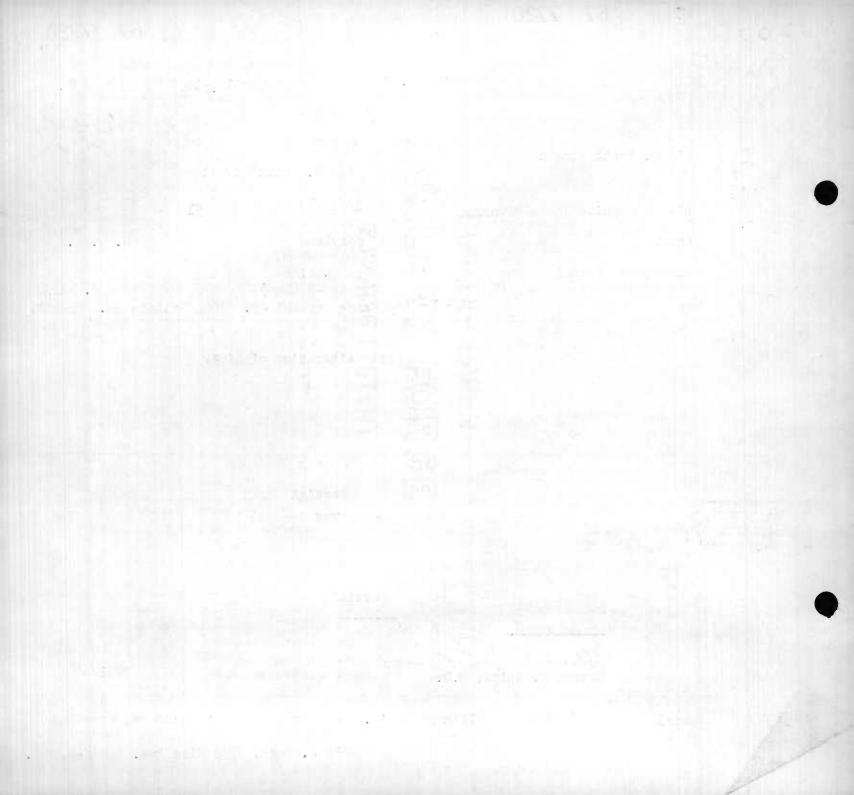
BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before (If outside city limits, write RURA) nive township If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? HERGE 7 INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact location) 19(0) ______19 _____and that in(my) (aur) opinion death occurred on the date 23 B. DATE SIGNED

A. A. County Bolto,

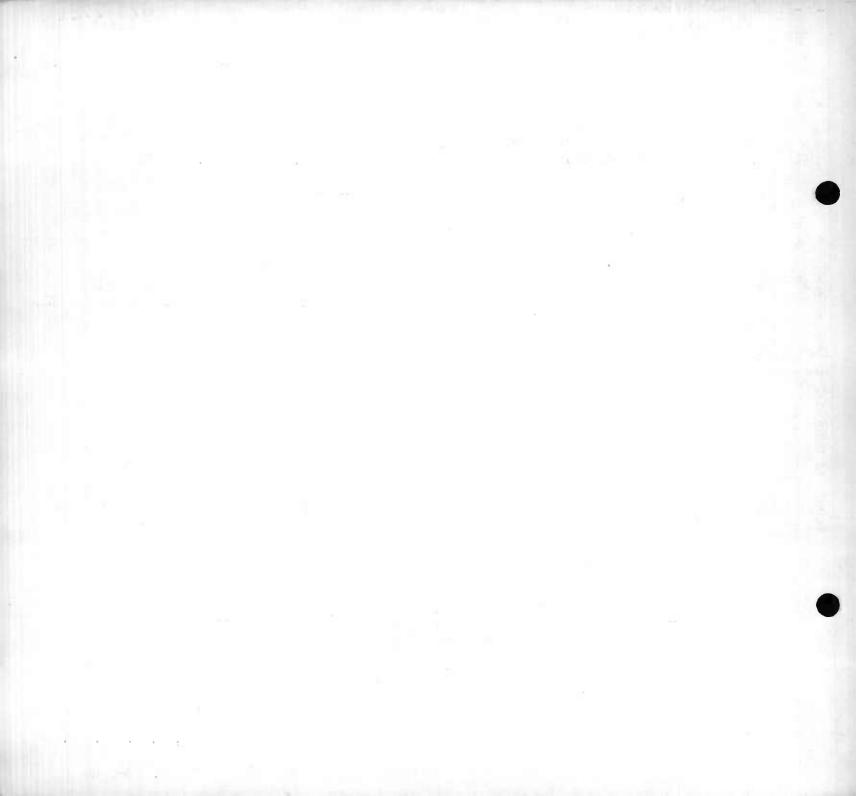
67 7720 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered \$7 7720

BIRTH NO.	JICAL EX	AMINER 3 CI	EKTIFICAT	E OF L	JEA I LI Kegisi	ered No.
M.E. CASE NO.						
TRANK	M	AYESKI SR.		A110115	st 10, 1967	15.45 P
3. PLACE IN BALTIMORE, MARYLAND,			4. USUAL RESID	ENCE (Where	deceosed lived. If îns B. CO	stitution: residence before odmissi UNTY
FULL NAME OF (IF NOT IN HOSP HOSPITAL OR ADDRESS OR LOCK INSTITUTION	CATION)	JTION, GIVE STREET	c. city or tow		e corporote limits, wri	te RURAL and give township)
514 E. Pratt Stre	et		D. STREET ADDR	Pratt		1 41
5. SEX 6. RACE Male White		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under 1 Yr, If Under 24 H Months, Doys, Hours, Mir
10A. USUAL OCCUPATION (Give kind of widone during most of working life, even if refired Farmer	ork TOB. KIND OF		Marylan			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME		
Alexander Mayeski			Mati	lda		
15. WAS DECEASED EVER IN U.S. ARM (Yes, no or unknown) (If yes, give wor or do Yes	ED FORCES? otes of service)	213-09-3191	17. INFORMANT Frank May	,	. 8066 Wa	ADDRESS Md. 21222
CThis does not mean the mode heart failure, asthenia, etc. It means the mode heart failure or complication in the mode heart failure of the mode heart failure, as the mode heart failure of the mode heart failure of the mode heart failure, as the mode heart failure of the mo	SES ANY, GIVING STATING THE					
DISEASE OR CONDITION CAUSING 19A, DATE OF OPERATION 19B, CO		WHICH OPERATION	Parti 20A. AUTOPSY Yes	? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH? Yes
Z 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, c	in or obout 21C. W	HERE DID ((If in Boltimore City, §	
2		WHILE AT NOT AT W	WHILE ORK	OW DID INJU	IRY OCCUR?	
22. I certify that I held an		Inspection Aut	apsy X and		s basis, death in	
ACTUAL SIGNATURE	esh-S	Suicid		EDICAL EX	Jndetermined mann AMINER AMINER	DATE SIGNED
	U. Spitz		ASSOCIATE M	EDICAL EX	(AMINER	8/11/67
23A. BURIAL CREMATION, REMOVAL (Specify) 8/15	1.	c. NAME of CEMETERY of Baltimore Nat!				imore, Maryland
24A. DATE REC'D BY HEALTH DEPT. AUG 1 4 196 VS 151-REV. 1/1/65		of REGISTRAR	John J	· Duda,	7922 Wise	Ave. Dundalk, M

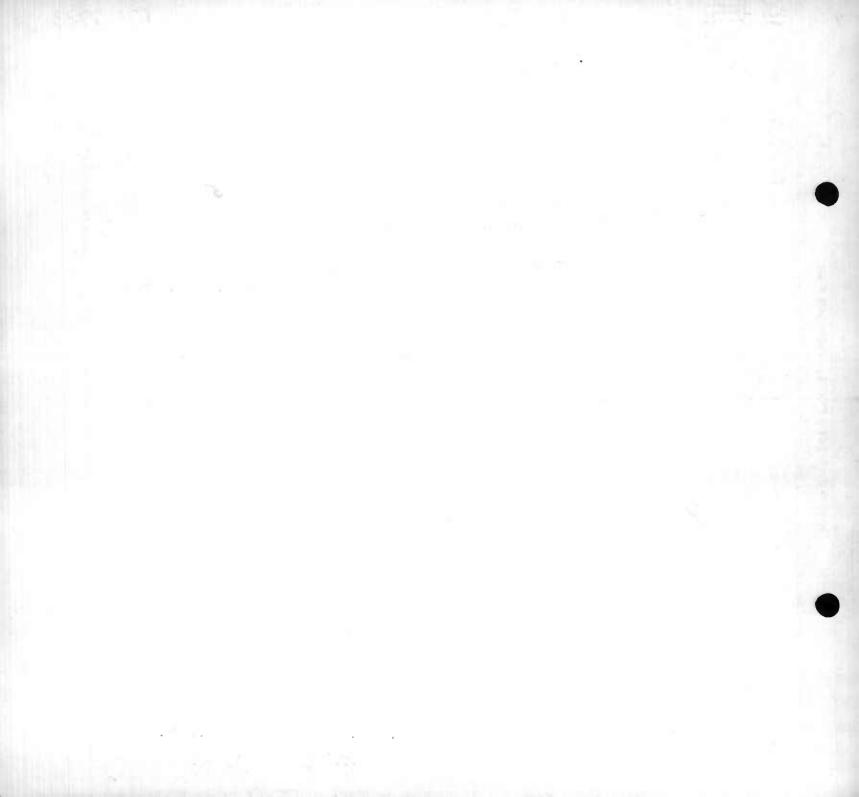


VS 150-REV. 1/1/65



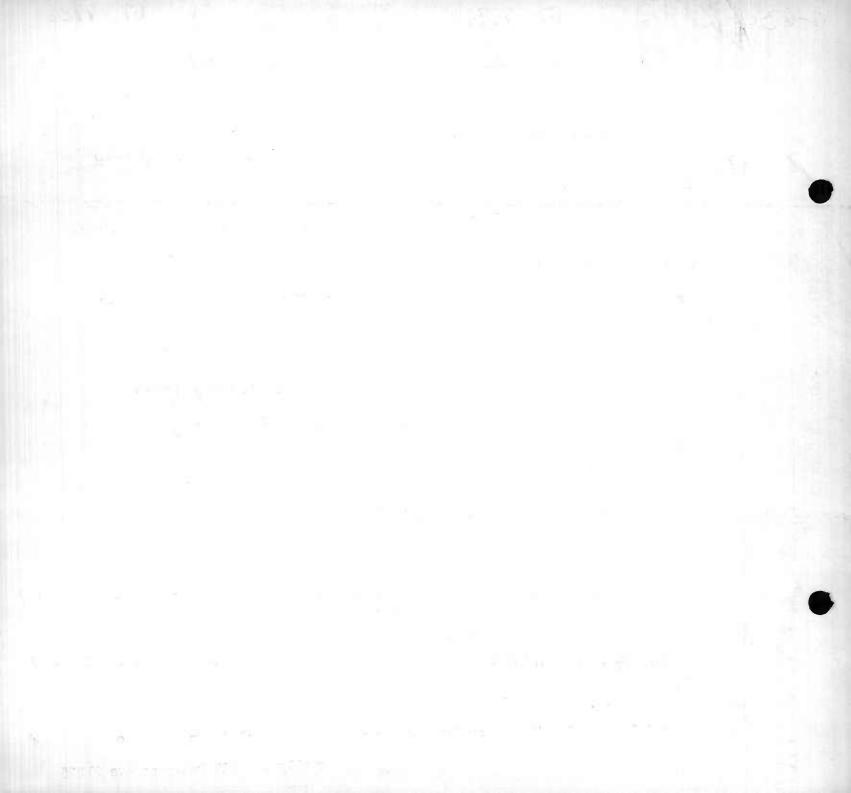
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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased U	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
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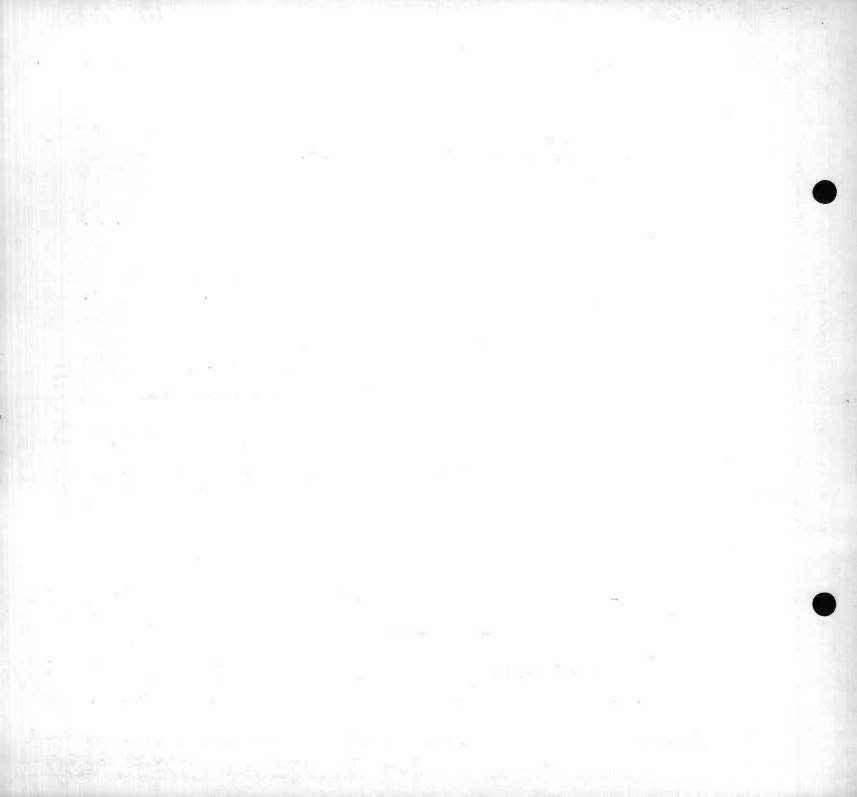
BIRTH NO.			らづ ヴックク
M.E. CASE NO.	7722 CERTIFICA	TE OF DEATH Registered N	0. 01 1166
NAME OF DECEASED		2. DATE AND HOUR OF DEAT	тн
Type of Print) SAMUEL M. SCHAT B. PLACE OF DEATH IN BALTIMORE, MARYLANI	OFF	8/9/67	15 P
PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where deceased lived, I	f institution: residence before admission
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location)	tution, give street	C. CITY OR TOWN (II outside city limits, wi	DIIDAL and sive towards
INSTITUTION		C. CITI OK TOWN (III obiside city limits, wil	TE RORAL on a give township?
6		D. STREET ADDRESS (If rurol, give locotion)	0-/-/
FRANKLIN SOUARE A	YELDITAL	7.126 ///	ave #15
		3436 Virginia 8. DATE OF BIRTH 19. AGE (In years	
40 / WII	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	refered	4/4/42 lost birthdow 75	
ida, USUAL OCCUPATION (Give kind of work 10 B. Ki	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Police d	rown, Cork & Seal	New York Gite	4.5.
3. FATHER'S NAME	0	New York Cety	C7 · J
,			
JULIUS SCHATE	OFF	CELENA LEVAY	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	above
4RM4 1911	7/5 10 2/2	17. INFORMANT Ida Schatoff, Wife	-
18.	2/5 05 2/9 4	MEDICAL CHART	INTERVAL BETWEEN
	, CAUSE OF		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Uremia	>
(This does not mean the mode of dying,	(A) DUE TO	W/6/// 4	
hearl foilure, osthenio, etc. It means the di			
injury or complication which coused death.	1	Generalized artirios	elevous years
ANTECEDENT CAUSES	DUE TO		A.
DISEASES OR CONDITIONS, if ony,			1.0
rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	g the (C)	00 dainta an and 0 am an	
OTHER SIGNIFICANT CONDITIONS CONTRI	PILTING		-
E TO THE DEATH BUT NOT RELATED T			
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE	RE FINDINGS CONSIDERED
THE PARTY OF SPERATION 1198, COMPITION	TO THE STERMING	AO 10131; 1100 01 110/ 200, IF 183, WE	
198. CONDITION WAS PERFORMEN		IN CERTIFYING	CAUSES OF DEATH?
WAS PERFORME	D		CAUSES OF DEATH?
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, lorm, foctory, street, olf	or obout 21 C. WHERE DID (II in Boltin	CAUSES OF DEATH?
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID (II in Boltin	CAUSES OF DEATH?
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examine) 21D. TIME (Month) (Day) (Year) (Hour	218. PLACE OF INJURY (e.g., in home, lorm, foctory, street, off etc.)	or obout 21 C. WHERE DID (II in Boltin	CAUSES OF DEATH?
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medicol exominer)	218. PLACE OF INJURY (e.g., in home, lorm, foctory, street, olf etc.) 21E. INJURY OCCURRED While At Not While	1 or obout 21 C. WHERE DID (II in Boltin fice bidg., INJURY OCCUR?	CAUSES OF DEATH?
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medicol exominer) 21 D. TIME (Month) (Doy) (Yeor) (Hour OF INJURY) (APPROX.)	218. PLACE OF INJURY (e.g., in home, lorm, foctory, street, olf etc.) 21E. INJURY OCCURRED While At Not While At Work	21C. WHERE DID (II in Boltin fice bidg., INJURY OCCUR?	more City, give exact location)
WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour	218. PLACE OF INJURY (e.g., in home, lorm, foctory, street, olf etc.) 21E. INJURY OCCURRED While At Not While At Work	1 or obout 21 C. WHERE DID (II in Boltin fice bidg., INJURY OCCUR?	more City, give exact location)
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medicol exominer) 21 D. TIME (Month) (Doy) (Yeor) (Hour OF INJURY) (APPROX.)	21B. PLACE OF INJURY (e.g., inhome, lorm, foctory, street, oldet.) 21E. INJURY OCCURRED While At Not While At Work Not While At Work	21F. HOW DID INJURY OCCUR?	more City, give exact location)
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Day) (Year) (Hour OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attention that (I) (we) lost sow the deceased alive	218. PLACE OF INJURY (e.g., in home, lorm, foctory, street, old etc.) 21 E. INJURY OCCURRED While At Not While At Work Indeed the deceosed from	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	more City, give exact location)
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WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medicol exominer) 21 D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)) 22. I certify that (I) (this hospital) attention (I) (we) lost sow the deceased aliver and haur and from the causes stated about 23A. SIGNATURE MARY AMAGEMENT CONTRIBUTION (MONTH)	218. PLACE OF INJURY (e.g., in home, lorm, foctory, street, olf etc.) 21E. INJURY OCCURRED While At Not While At Work anded the deceosed from	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 7 to	more City, give exact location) 8 4 19 6 apinion death accurred on the a
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WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medicol exominer) 21D. TIME (Month) (Doy) (Yeor) (Hour OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attention (I) (we) lost sow the deceased alive and haur and from the couses stated about 23A. SIGNATURE SIGNATURE SIGNATURE ALINU UNDO 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	218. PLACE OF INJURY (e.g., in home, lorm, foctory, street, olf etc.) 21E. INJURY OCCURRED While At Not While At Work anded the deceosed from	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 7 to	more City, give exact location) 8/4 19 6 apinion death accurred on the company of the state of
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14 WIN	ASE NO.	EASED		2. DATE AND HOUR OF DEATH	
уре с	or Print)	LIGHTNER,	ADAM EDWARD	August 9, 1967	7 4:15 p
FUL	L NAME O		or institution, give street	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY Maryland	nstitution; residence before odmiss
	SPITAL OR TITUTION	oddress or locotion	n)	c. CITY OR TOWN (If outside city limits, write Bal timere	RURAL ond give township)
1	Н	ouse in the l	rines	D. STREET ADDRESS (If rurol, give locotion) 161 N. Decker Avenue,	Balto., Md. 2122
sex ma	le	6. RACE white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED	B. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 78 yrs.	If Under 1 Yr. If Under 24 Months Days Hours Mi
one du		JPATION (Give kind of work working lile, even if retired)	Continental Oil Co.	Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?
• FAT	THER'S NAM	Lightner		14. MOTHER'S MAIDEN NAME Catherine Doetzer	
. Wo:	s Deceosed or unknown	Ever in U. S. Armed For Off yes, give wor or dote	ces? ss of service) 16. SOCIAL SECURITY NO. 21.3-05-3918	William Lightner, son, 8	ADDRESS 8427 Avery Road
		SE OR CONDITION DILLEADING TO DEATH	dying, e.g., (A) DUE TO	neumontis	2 days,
he in	eort foilure, ijury or com A ISEASES O se to the	asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a obove cause (A)	deoth.) (B) DUE TO ony, giving		
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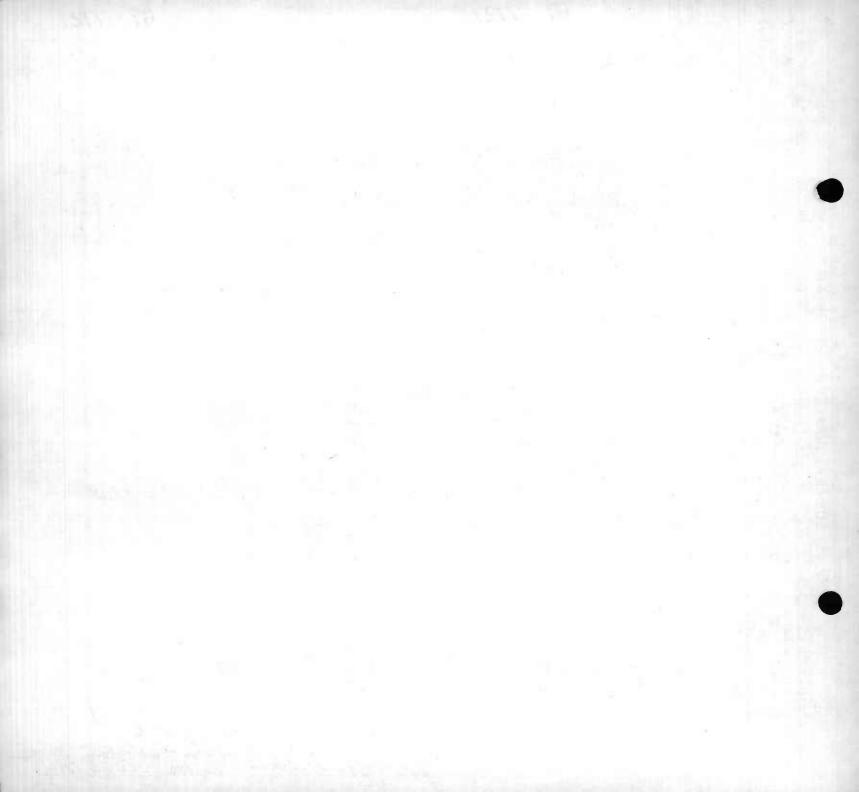
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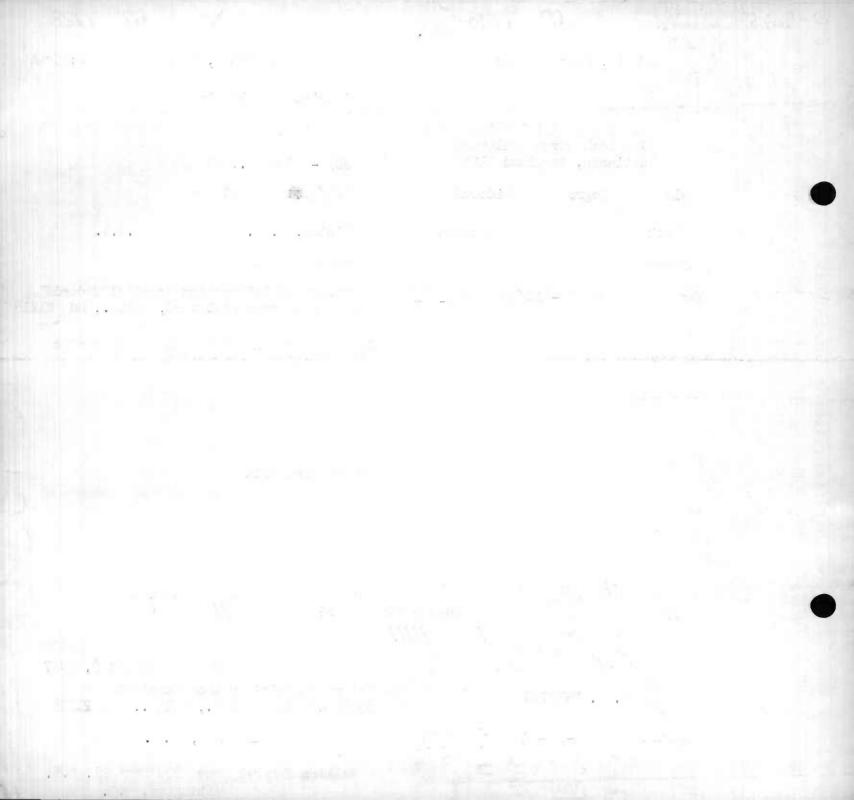
Baptismal Record from Emanuel German Reformed Church and V.S. 153 8-25-67 M.H.

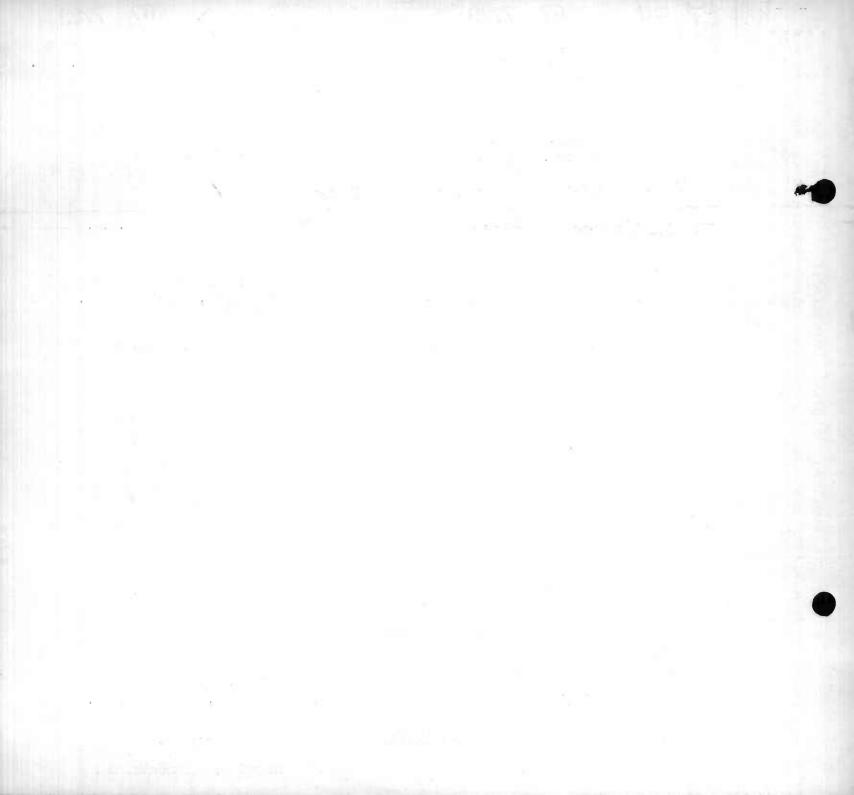
- U2-L	BIRTH NO. CERTIFIC	ATE OF DEATH Registered No	67 7727
pital and of death Deceased to on the ath. Such	I.NAME OF DECEASED CONQ) (Type or Pint) (Type or Pint) KARCAUS KAS	2. DATE AND HOUR OF DEATH	H 0:20 D
ospital se of o 5) Dece ince or death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If	institution; residence before admission)
cause use; (5) tendanc	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN Houtside city limits, write	RURAL ond give township)
d in attach	Franklin Square Harpital	D. STREET ADDRESS (If rurol, give locotion)	
ccurre htribut minec gular sed p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
or con indeter s in re decea	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working lite, even if retired)	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
nt if dedirect o; (4) Un h was no the disposit	13. FATHER'S NAME? SAWICKE	14. MOTHER'S MAIDEN NAME	
istant the di kind; death ce on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) 216. SOCIAL SECURITY NO. 216. 10. 776	7 Medical Chair	ADDRESS
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er. All cture pronou	(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)	Cerebral Infarction Generalized arteriosa	luncas
lexaminexamin (3) A fra n who in regu	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stating the (C) UNDERLYING CONDITION lost.		074824
f medical medical y burns; physicia ian was e remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
chie Bod the the ysic e th	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 208. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
y the clital by e; (2) B rhere the No phy before	OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medical examine) 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg. INJURY OCCUR?	ore City, give exact location)
hospi hospi nature ept w d (6) h	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not Work At Wo		
to the of any al (exc	22. I certify that (I) (this haspital) attended the deceased from that (I) (we) lost sow the deceased alive on	19 6 7 and that In (my) Cour) of	pinlon death occurred an the dot
must be a released to ccident of a hospital to death)	ond hour ond from the couses stoted obove. (1) (We) (did) (did not 23A. SIGNATURE Nay www do S. Magno M.D. 123C. PHYSICIAN'S		23B. DATE SIGNED
was was A. at A. at I prior	PAYMUNDO S. MAGNO M. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	D. FRANKLIN SO UAR CREMATORY 24D. LOCATION (RE HOSP City, town, or county) (State)
This certify the body shows: (1) was D.O. deceased written a	Buenal 8-17-61 HOLY CLOSE	Com. Balto. 25,	Md,
This the b show was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR AUG 14 1967 P. O. B. E. Falley! VS 150-REV. 1/1/65	is of N. Ash Bast	2.126 Md.

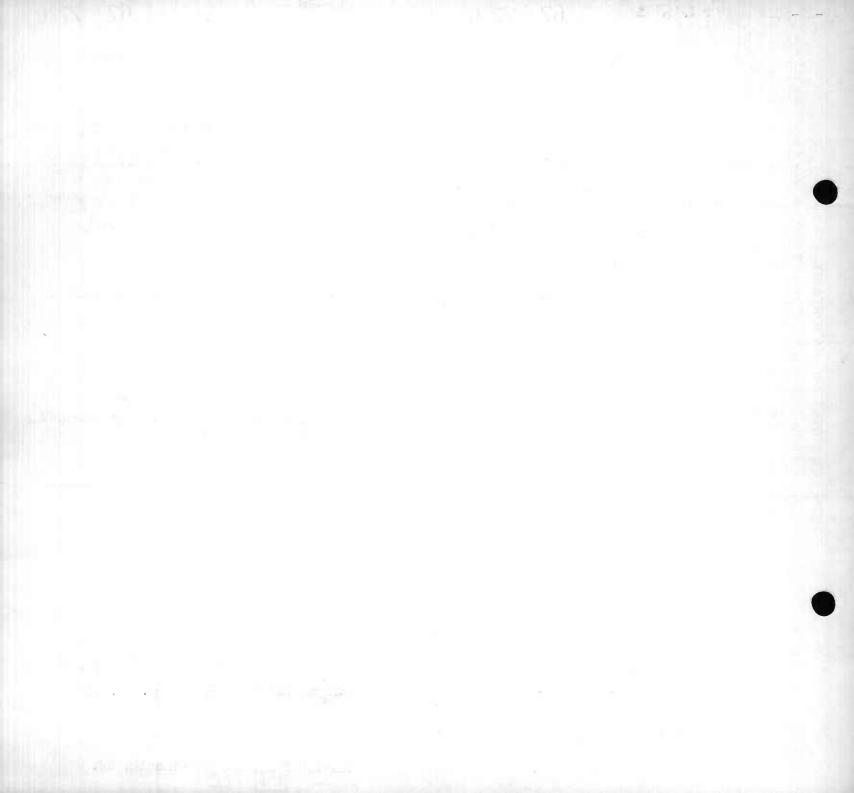


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (Shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such Thispital (by No physician was in regular attendance on the deceased prior to death. Such Thispital (by No physician was in regular attendance on the deceased prior to death.	
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he chief medical examiner or his assistant lby a medical examiner. Also, if the dire (2) Body burns; (3) A fracture of any kind; (4) re the physician who pronounced death physician was in regular attendance on the physician was in regular.	5
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This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined owas D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased principles of the deceased principles of the deceased principles.	

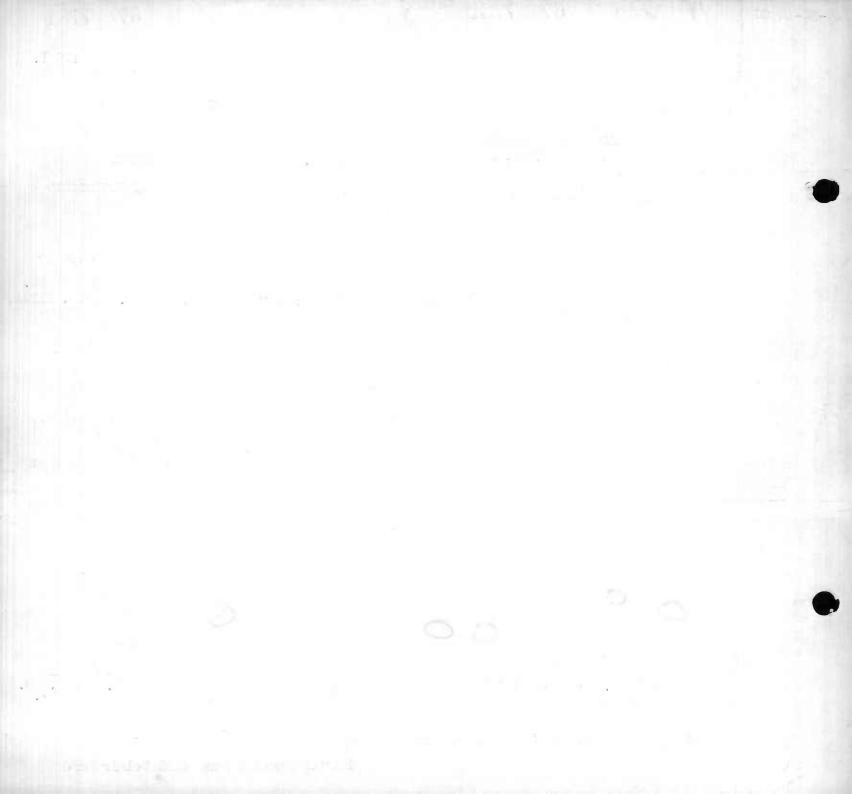
BIRTH NO. M.E. CASE NO.	01,	772	CERTIFICA			Registered I			,
I NAME OF DEC	CEASED			2.		ND HOUR OF DEA		6.00	
	UNCAN, Jesse				Aug	gust 8, 196	01	6:25	
3. PLACE OF DEA	ATH IN BALTIMORE, MAI	RYLAND		4. USUAL RESIDE	B. COUN	NTY	If institution: re	esidence before o	dmiss
FULL NAME C			give street	District	of C	columbia			
HOSPITAL OR	oddress or location			C. CITY OR TOWN	(If ou	staide city limits, w	rite RURAL one	d give township)	
	eterans Admini			Washin				-48	
	900 Loch Raver			D. STREET ADDRE	\$\$ (If	rurol, give location)		
	altimore, Mary			809 - 5	2nd S	t. NE			
- SEX	6. RACE	WIDOWED	NEVER MARRIED , DIVORCED (specify)			9. AGE (In years lost birthdoy)	Month's	Doys Hours	r 24 Mi
Male	Negro	Wide		8/4/056		62			
	UPATION (Give kind of work working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (St	ote or fore	eign country)		ZEN OF AT COUNTRY?	
Cook	, , , , , , , , , , , , , , , , , , , ,	ur	known	Clinton,	S. 0			5.A.	
3. FATHER'S NAME			14. MOTHER'S MA						
Albert	Duncan			Fannie W	right				
. Was Deceased	Ever in U. S. Armed Fore	es?	1 6. SOCIAL	17. INFORMANT	0			ADDRESS	
es, no or unkna wn	11/25/42 -	0/275	SECURITY NO.		Admin	istration	Hospita		3
		//	577-10-9857	3900 Loch		n Boulevar	rd. Balt	o. Md	212
18. / 9	9,21		CAUSE OF	DEATH				INTERVAL BETW	
DISEA	SE OR CONDITION DIR	ECTLY	Cono	inoma of t	onei I	and tone		L4 months	
(This does	nal mean the made of	dvina e.c	(A)	ith extens		and cong	Ta 1	L4 monons	
heort failure,	asthenia, etc. It means	the disease,	DUE IO W	Tou excells	TOIL				
	nplication which coused	deolh,)	120						
	ANTECEDENT CAUSES		DUE TO						
	OR CONDITIONS, if (e abave couse (A)		, .						
	G CONDITION lost.	adming me	(C)	************************************		0			
	11	1 51							
	IFICANT CONDITIONS C		9	Dmanaharra					
DISEASE OR	EATH BUT NOT RELA			Bronchopne					
19A. DATE OF	OPERATION 198. CON		VHICH OPERATION	20A. AUTOPSY?	(Yes or N	of 208, IF YES, WI	CAUSES OF	CONSIDERED DEATH?	
0				No					
OR CONTRIBL	NT WAS UNDERLYING UTING CAUSE OF medicol exominer)	218. hom etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, of	or obout 21 C. WHE INJURY C	RE DID	(If in Balti	imore City, give	e exoct locotion)	
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW	DID IN	JURY OCCUR?			
OF INJURY			le At Not While						
		Wor		June 13th	1	19 67 to	August	R+h	6
22. I certify	that (1) (this haspital) attended th	Assembly RAN						
	last saw the decease			19 01	ond th	hat in (my) (aur)	apinian deat	th accurred on	the
		ed above. ((We) (did) (and fight) v	iew the bady afte	r death.				
23A. SIGNATU	JRE D M G	. (23B. DAT	E SIGNED	
	K. H. Swi	wing	M.D. Alle	. Med Dire	ctor	Stoff Phys.	Augus	st 9, 196	7
23 C. PHYSICIA		-0		3D. ADDRESS					•
NAME (T	R. H. TWINI	NG	M.D.	Veterans A					
4A. BURIAL CRE	MATION, 248. DATE		ME of CEMETERY OF CRE	3900 Loch	Raver	Blvd., B.	alto. I	Md 21218	(Stot
REMOVAL	Specify)	Snr		urch				or county)	(310)
Remova	1 8-13-	0/	emeterv			lenton,	S.C.		
5A. DATE REC'D	AUG 1 4 1967	25B. NAME C	F REGISTRAR	25C. FUNERAL	DIRECTO	R		ADDRESS	-
	700 1 4 130/	Valend	E, Jankey Ma	Rollins	Funer	al Home 4	339 Huh	t Pl. N.E	
S 150-REV. 1/1/	65			7.			gton. D		





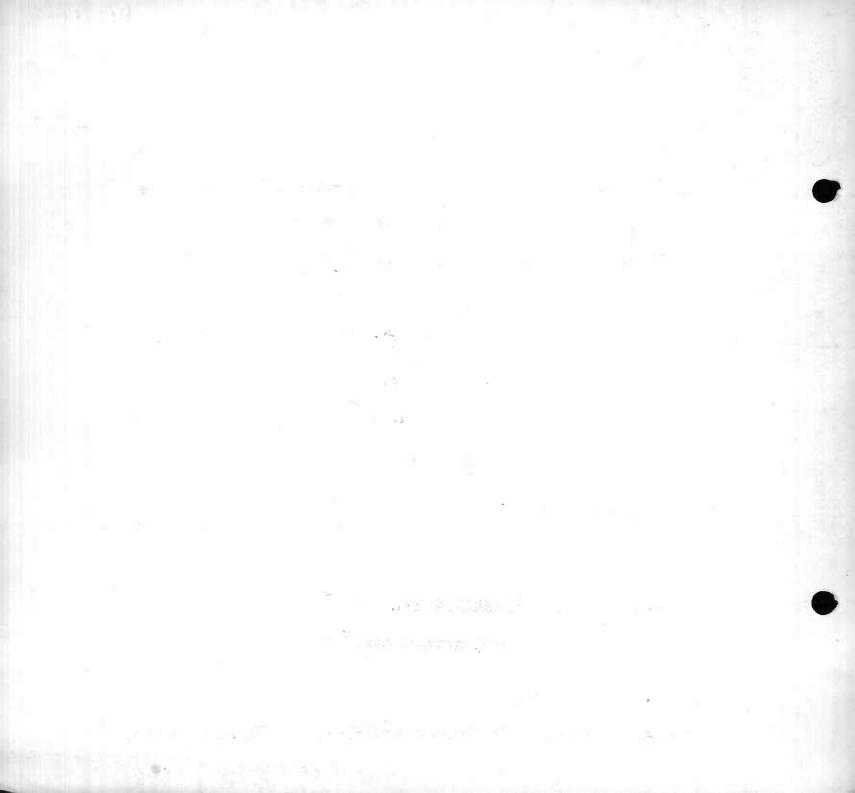


H-200 67	7731 BALTIMORE CITY	HEALTH DEPARTMENT	\/	CD PROS
BIRTH NO.		TE OF DEATH	Registered Na.	67 7731
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	,
(Type or Print) LOUTSA HETCE			-PM 8/11	/471 5:15 P.
(Type or Print) LOUISA HESSE 3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (When	e deceased lived. If in	fitution: residence before admissio
		A, STATE B. COUN	TY	N
FULL NAME OF (If not in hospital or instinction)	itution, give street	MARYLAND		BALT IMORE (0)
HOSPITAL OR Oddress or location) INSTITUTION BALTIMORE CITY	MOSPITATS	C IY OR TOWN (If out	side city limits, write	RURAL ond give township)
		1/2 - 1	1	53-00
BAUTIADAOCEASTERN YAV			urol, give location)	
BALTIMORE 21224	, MARILAND	338 E. RIVERS	IDE ROAD	21221
5. SEX 6. RACE 7. M	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)		ost birthdoy)	Months Doys Hours Min.
	NIDOWED	18/10/86	80	
OA. USUAL OCCUPATION (Give kind of work 10 B. K		11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF
one during most of working life, even if retired)		BALTENOL	F	WHAT COUNTRY?
HOUSEWIFE 3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	A E	
				a com u a
ADAM RENTSCHLE,	R	HNNA	WETE .C.	ROSSMAN
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS MD.
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of so NO	212-01-4069 A	PHEDEDS HADEN	OLO EASTERN	N AVE. BALTO. 2122
11B 27 0 0 1 1		F DEATH	1,40 200 200 1	INTERVAL BETWEEN
18. 4-2 2. [OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Ac	red 1 Direc	1 1-1	71.
(This does not mean the made of dying	(A) //3/	TRATION PNEW	MONIH	Joseps.
heart foiluie, osthenia, etc. It meons the d	iseose,			
injury or complication which coused death	., C.V	A		13 days.
ANTECEDENT CAUSES	(B) C U	<u></u>		13 days.
DISEASES OR CONDITIONS, if any,	giving	SCVD Scenebra	1 O. N.	real la state de
rise to the obove couse (A) statin	g the (C) /1			The state of
				0
OTHER SIGNIFICANT CONDITIONS CONTRI	IRLITING			
TO THE DEATH BUT NOT RELATED				
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES. WERE	FINDINGS CONSIDERED
WAS PERFORME		NO	IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Baltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
0				
OF INJURY (Month) (Doy) (Year) (Hou		21F. HOW DID INJ	JRY OCCUR?	
(APPROX)	While AI Work AI Work	le		
22. I certify that (1) (this haspital) atte			267	8/11 10 /
	Ox /	1 100	9	19_6
that (1) (we) lost saw the deceased aliv	~ ~ /	·	at I (mx) (aur) opi	nion déoth accurred on the d
and hour and from the causes stated ob	ove (1) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE				23 B. DATE SIGNED
hearard hy		ending Med.	Stoff Phys K	8/11/17
23C. PHYSICIAN'S DD TOTALD TO	Ph,	s. Director	Sloff Phy s	8/11/17.
23C. PHYSICIAN'S DR., IEONARD IN	Ph,	23D. ADDRESS	Phy s. 🕰	8/11/47. BALTO 21224. MD
LEONARD	PPMAN CIPPMAN M.D.	23D. ADDRESS BALTAMORE: CTTY	Phy s. 🕰	8/11/47. BALTO 21224. MD 940 EASTERN AVE.
24A. BURIAL CREMATION, 24B. DATE	PPMAN LIPPMAN M.D. 24C. NAME OF CEMETERY OF CR	BALTAMORE CITY	HOSPITALSAL	940 EASTERN AVE.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	PPMAN LIPPMAN M.D. 24C. NAME OF CEMETERY OF CR	BALTAMORE CITY	Phys A CATION (C)	ty, lown, or county) (Stole)
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 8/14/67	PPMAN LIPPMAN M.D. 24C. NAME OF CEMETERY OF CR	BALTAMORE CITY	HOSPITALSAL	940 EASTERN AVE. ty, town, or county) (Stote)
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 8/14/67	PPMAN LIPPMAN M.D. 24C. NAME OF CEMETERY OF CR	23D. ADDRESS BALTIMORE CTTY EMATORY 24D. LO etery 25C. FUNERAL DIRECTOR	MOSPITALEAL OCATION (C) Baltimore,	940 EASTERN AVE. ty, lown, or county) (Stole) Md. ADDRESS
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 8/14/67	PPMAN LIPPMAN M.D. 24C. NAME OF CEMETERY OF CR	BALTAMORE CITY	MOSPITALEAL OCATION (C) Baltimore,	940 EASTERN AVE. ty, town, or county) (Stole Md. ADDRESS



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VS 150-REV, 1/1/65

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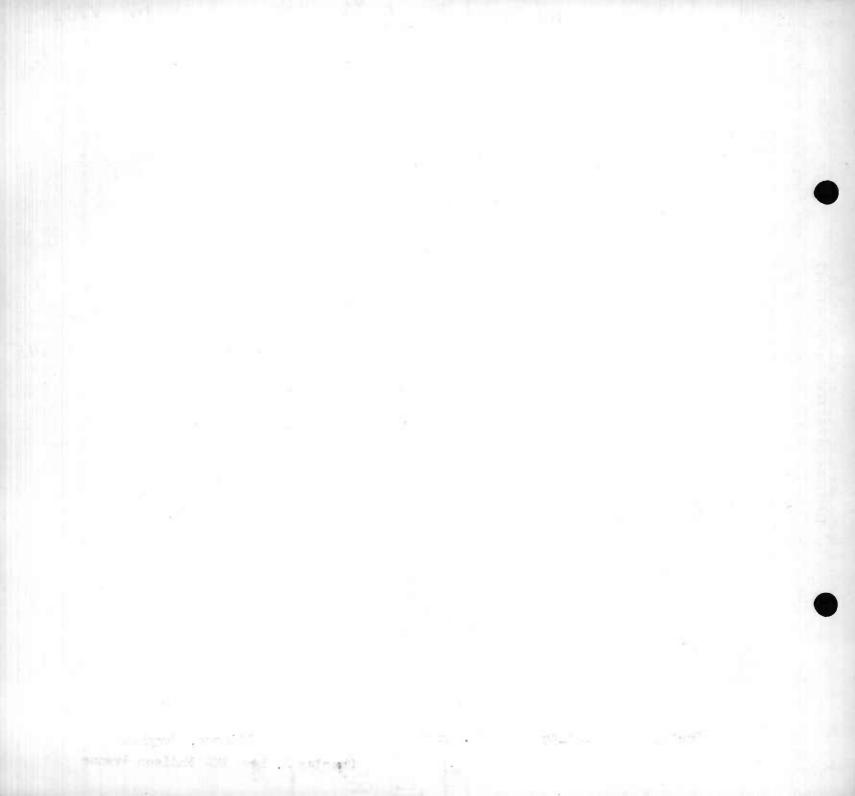
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August 10, July 65, St. Way August 10,

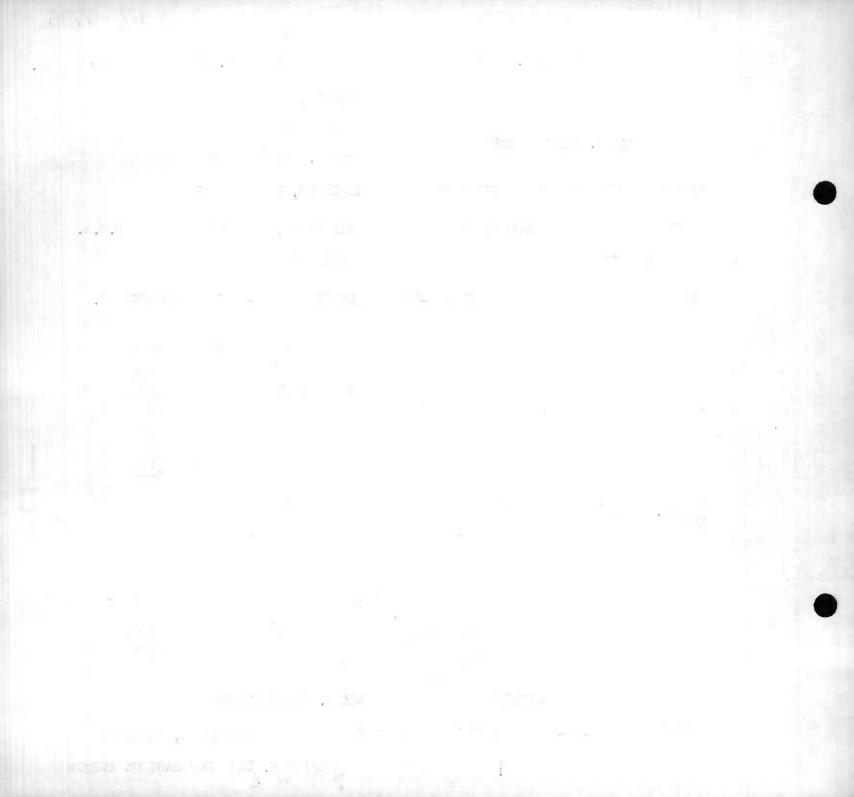
CM MINING BALTIMORE CIT	Y HEALTH DEPARTMEN	T	67 7734
BIRTH NO. 67 7734 CERTIFICA	TE OF DEATH	H Registered	No.
M.E. CASE NO.		January and the same of	
NAME OF DECEASED Type or Printle	2. DAT	E AND HOUR OF DE	ATH
CALPMAN MOS ELLEN	B.	8-11-	1967 10-
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE	Where deceased lived.	. Il institution: residence before a
	A. STATE B. C	OUNTY	(
FULL NAME OF (If not in hospital or institution, give street	MARYL	-AUI)	
HOSPITAL OR oddress or locotion) INSTITUTION	C. CITY OR TOWN	If outside city limits, v	write RURAL and give township)
A	DALTI	MORE	15-
MONTEBELLO STATE HOSPITAL	D. STREET ADDRESS	(If rurol, give location	n)
	7224	C. B/ / A.	1 AUGUST
BALTIMORES MARKAND.	127	CALLOL	
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours
F C WIDOWED	5-3-1900	67	
DA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR THOUSTR	Y 11. BIRTHPLACE State of	r foreign country)	12. CITIZEN OF
one during most of working life, even if retired)	11.00		WHAT COUNTRY?
	VIRGIA	(1/4-	11.5.18
3. FATHERS NAMP OLDH H. LAWRENCE	14. MOTHER'S MAIDEN	NAME	0,000
ALPAGO RITITION ACRES	XILDOA	011=	
ELINA OF THE PARTY	MAKY	1196	
es, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		2 22 // ADDRESS
SECURITY NO.	Maria Car	THE T	-24 CALCOW
	1 ORRIS COL	CMAN UR	BAUTIMORE
18.443 X I CAUSE (OF DEATH		ONSET AND DE
DISEASE OR CONDITION DIRECTLY		THROI	MBOSIS D
LEADING TO DEATH	ATZPAI 17	EREBRAI	MON
(This does not mean the made of dying, e.g., DUE TO	MAN AND POST CO.		
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)			
APT	ZRIDSCI ZPO	TIC (-11	1. DISTAGE VI
ANTECEDENT CAUSES			21000
DISEASES OR CONDITIONS, if any, giving		0	15-10
rise to the above cause (A) stating the (C)	ERIOSCLERO PERTENSIVE	C-UPC	SENDE
UNDERCTING CONDITION last,			
7			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes		VERE FINDINGS CONSIDERED
WAS PERFORMED	1/0	IN CERIFYING	A CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE D	ID (If in Bo	Itimore City, give exoct location)
OR CONTRIBUTING CAUSE OF home, larm, foctory, street,	office bldg., INJURY OCCU	R?	
21D. TIME Month) Doy) Year) Hour) 21E, INJURY OCCURRED	21 F. HOW DIE	INJURY OCCUR?	
OF INJURY (APPROX.) While At Not Wh	ile 🗀		
(APPROX.) Work At Work	k		0
22. I certify that (I) (this hospital) attended the deceased from	2-21-	- 1967 to	8-11-19
	- 1067	1000	
that (I) (Ne) last sow the deceased alive on	- /) opinion death occurred on
and hour and from the couses stated above. (I) (We) (did) (did not)	view the body ofter de	ath.	
23A. SIGNATURE			23B, DATE SIGNED
M.D. AI M.D. AI	ttending Med.	Stoll A	0 11-1
Shill Harll Ph	ys. Director	Phys.	8-11-8
23C. PHYSICIANS	23D. ADDRESS	THE LIE SEE	
NAME ITYPE 7 7 M.D	MAL		10-0: -11
ZIN UOD IATA	MINTERSE	LLO STATE	MOSPITBU
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI	REMATORY 24	D. LOCATION	(City, town or county)
The state of the s	173 . " 194	Pal+4mans	Manueland
SA, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR		Baltimore,	raryland
200 MAINE OF REGISTRAR	25C FILMEDAL PARE	CTOR	ADDRECC
and areas to all the to	25C. FUNERAL DIRE		Address Avenue
AUG 1 4 1967 17 12 162 16 18 18 18 18 18 18 18 18 18 18 18 18 18	Charles R.		adison Avenue



VS 150-REV. 1/1/65

Billiametronia (19 198 - NIR - Galliaged Light

Type or Print)	CEASED	735 34 0000	••		DATE AND HOUR OF DEATH	
1,500		N M. SEA	Y		AUGUST 9, 1967	7:30 A.
FULL NAME HOSPITAL OR		of institution,	give street	A. STATE MARYLAND C. CITY OR TOWN	B. COUNTY	nstitution: residence before admiss RURAL and give township)
INSTITUTION				BALTIMOR		1/-07
	844 N. CARE	Y STREET		D. STREET ADDRESS	(If rurol, give location)	16 00
00				844 N. C	AREY STREET	
SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24.
FEMALE	COLORED		VORCED (specify) BUSINESS OR INDUSTRY	APRIL 27,		Months Doys Hours Mil
	f working lite, even if retired))	S OFFICE		E. MARYLAND	WHAT COUNTRY?
B. FATHER'S NA	AME			14. MOTHERS MAIL		0,0,10
LUCII	JS MINOR			MARY DI	SHMOND	
	ed Ever in U. S. Armed Fo vn) (II yes, give wor or do		16. SOCIAL SECURITY NO. 216-10-2548	LUCIUS M	INOR - 1817 ASHI	BURTON ST.
18. /5	1 X 1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
(This does	ASE OR CONDITION D LEADING TO DEATH not mean the mode of	d of dying, e.g.,	DUE TO	ar Pneumo	nia, left bas	
	, aslhenio, etc. Il meon implicolian which cause					
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rise to II	OR CONDITIONS, if he above couse (A) NG CONDITION last. I	ony, giving) slaling lhe CONTRIBUTING	DUE TO (C)		355 25 5 5 5 5 0 0 0 0 0 0 0 0 0 0 0 0 0	?
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IMPORTANT

DIRECTOR:

FUNERAL

IRTH NO.	67	O CHE I	FICATE OF DE		d No. 67 7738		
A.E. CASE NO.		CERTIF	ICATE OF DE	2. DATE AND HOUR OF D	DEATH		
ype or Print)							
PLACE OF DE	Ella EATH IN BALTIMORE, MA	ARYLAND H. N	UNKIN 14. USUAL RESID	August 10, 19	ed. If institution; residence before admission		
			A. STATE	B. COUNTY	ed. If institution; residence before admission		
FULL NAME OF HOSPITAL OR		or institution, give street n)	c. city or to	MN (If outside city limits,	, write RURAL and give township)		
00			Baltimo D. STREET ADD	RESS (If rurol, give locoti	(ion)		
4907 Ch	algrove Avenu	e	4907 Ch	algrove Avenue			
. sex Female	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe		9. AGE (In year tost birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.		
OA, USUAL OCC	UPATION (Give kind of world working life, even if retired)	108. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Housewi 3. FATHERS NA	he	At Home	Baltimo	re Maryland	USA		
Davis H	igger d Ever in U. S. Armed Fo	6	Tamara K	owalski	ADDRESS		
Tes, na or unknow	d Ever in U. S. Armed For (If yes, give war or dote	es of service) 16. SOCIAL SECURITY NO			#15		
NO 18.	11/1/1	CARROCA	Mr. Hann	y Minkin, 4907	Chalgrove Avenue		
ang.	ASE OF CONDITION DI	DECTI Y	^		ONSET AND DEATH		
Distr	LEADING TO DEATH	4 (1)	Esebral lowt	Alua	pudden		
	not mean the made of	dying, e.g., DUE	TO	ucular fibrillation many yeumatic heart din an 40 years			
	, asthenia, etc. It means mplication which caused						
	ANTECEDENT CAUSES	(B)	urula	fibrill alim	many years		
DISEASES	OR CONDITIONS, if	any nivina	10	1 - 4 - 4 - 4			
	ise to the obove couse (A) stating the (C)			near ain	use 40 years.		
UNDERLYIN	IG CONDITION lost.			1			
TO THE	II NIFICANT CONDITIONS C DEATH BUT NOT REL	ATED TO THE					
19A. DATE O	F OPERATION 198. CON	II.	N 20A. AUTOPS	Y? (Yes or No) 20B, IF YES.	WERE FINDINGS CONSIDERED		
19A. DATE O		FORMED		IN CERTIFYIN	NG CAUSES OF DEATH?		
U 21 A. ACCID	ENT WAS UNDERLYING	218 PLACE OF INJUI	RY (e.g., in or obout 21 C. WI	HERE DID (If in F	Battimore City, give exact location)		
▼ DEATH (notil)	ENT WAS UNDERLYING DUTING CAUSE OF y medical examiner)	home, form, factory, etc.)	street, office bldg., INJURY	OCCUR?			
21D. TIME	(Month) (Day) (Year)	(Hour) 21 E. INJURY OCCUR	21F. HC	OW DID INJURY OCCUR?			
(APPROX.)			Not While				
00 1			10	ne 1962 to	present 10		
		I) attended the deceased fra	-1.0				
that (I) (wa	a) last saw the decease	ed alive an	7/18 19 67	and that in (my) (au	apinian death accurred an the d		
and haur or	nd from the causes sta	ted above. (1) (Wa) (did) (dia	l not) view the bady at	fter death.			
23A. SIGNAT		,			238, DATE SIGNED		
Shu	don C. Krau	M	.D. Attending N Phys. D	Ned. Stoff Phys.	8-10-67		
23C. PHYSICI	ANS	8	23D. ADDRESS				
NAME	(Type)	0.1	M.D.	2 1 11 1 1 1 1			
4A. BURIAL CR	Ur. She EMATION, 248 DATE (Specify)	Ldon Kravitz 24C. NAME OF CEMETER	4715	Park Heights A	(City, town, or county) (State)		
Burial	8/11/6	7 LANSHE EMINIAH) - ATTT CHAT	M BALTIMO	RE MARVIAND		
SA. DATE REC'		7 ANSHE EMINAH	25C. FUNERA	L' DIRECTOR	RE, MARYLAND		
	AUG 1 4 1967	Release Et Jal	cultur Sol Te	virson & Bros.	Inc., 6010 Reist., F		

VS 150-REV. 1/1/65

8/16/67 - Form from funeral director.

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BALTIMORE CITY HEALTH DEPARTMENT

SERVICE STATES

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STATE OF SHOP CENTRAL UDI 15 - 202 | 150 U |

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LETTER STORE TO THE STORE OF LOSS AND ADDRESS OF LOSS AND ADDRESS AND ADDRESS

M.E. CASE NO.			CERTIFICA	TE OF D		Register	7		
1. NAME OF D		ADI CL	JARLOTTE	AUGUST 9, 1967 9:50 P					D
	MC GRATH, PE		TARLUTTE	TA USUAL RES				9:50	P _M .
				A. STATE	B. COUNT		Δ	14 10	0 4011#3310117
FULL NAME HOSPITAL O	R oddress or location		give street	C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
ST. AGN	ES HOSPITAL			BALT		00 011, 111111	, while Kerkit	53-0) 20
CATON A	ND WILKENS A	WES.		D. STREET AD	DRESS (If ru	rol, give loca	otion)		
BALTIMO	BALTIMORE, MD. 21229				NEWBERG	AVEN	UE		
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIE		AGE (In yes	ors If U Mont	nder 1 Yr. If U	nder 24 Hrs.
FEMALE	WHITE		OWED (specify)	9/7/9	90	16			
	CUPATION (Give kind of work of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or foreign	country)		CITIZEN OF WHAT COUNTRY	?
HOUSEWI	FE	NON	NE	MARY	LAND		l	JSA	
13. FATHER'S N					MAIDEN NAM				
	. SPARKS	DEC			JANE (SEWARI	D) SPAR		EC D
(Yes, na ar unkna	wn) (If yes, give war ar date	ces? s of service)	SECURITY NO.	17. INFORMAN		00000	CT A	ADDRESS	
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18.4	ASE OR CONDITION DIR	ECTLY	CAUSE O	DEATH	11		,	ONSET AND	
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	nal meon the made of e, asthenia, etc. Il means		DUE TO	/	, 0				****************
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	OR CONDITIONS, if the obave couse (A)	,	(6)				IM		
	NG CONDITION last.	sioning inc	(C)				115%	MIT	
-	11						0	1	
Y TO THE	DEATH BUT NOT RELA	TED TO TH							
	OF OPERATION 198, CON		WHICH OPERATION	20A. AUTOP	SY? (Yes or No)	20B. IF YES.	WERE FINDIN	IGS CONSIDERED	
19A. DATE	WAS PERI	ORMED		NO		IN CERTIFY	NG CAUSES C	OF DEATH?	
OR CONTR	DENT WAS UNDERLYING IBUTING CAUSE OF tify medical examiner		PLACE OF INJURY (e.g., i			(If in	Baltimore City,	give exact lacation	on)
O 21D. TIME	(Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. H	IOW DID INJU	PY OCCUP?			
OF INJURY	(100)	Wh	ile At 📉 Nat Whil	e	10 11 010 11130	KI OCCOK.			
		Wo				67	AHCHET	0	67
	fy that (X)(this haspital						AUGUST	2,	19_6/,
	e) last saw the decease					In (%)() (c	ur) apinian d	leath accurred	on the date
23A. SIGNA	and from the causes stat	ed abave. 9	() (We) (did) ()(d)(1)(t)	riew the bady	after death.		228 5	DATE SIGNED	
237. 31014	Hnon	Cons	M.D. Atte	ending	Med. S	off V		08/09/67	
23C. PHYSIC	CIANTS	fere	Phy	23D. ADDRESS	Director P	hys^			
NAME	GE ANGOV. ME		M.D.		NES HOS			, 21229 WILKENS	AVES.
24A. BURIAL C	REMATION, 248. DATE	24C. N	AME of CEMETERY of CR		24D. LO			n, or county)	(State)
Buri		1967	New Cathedr	al Comi	Pal	timon	o Man	land	
	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNER	AL DIRECTOR		e, Mari	ADDRESS	
	AUG 1 4 1967	R. O. B	E, Salley M.A.	STERL	ING FU	NERAL	ESTAT	Ed 736 Ed	dm. Av
VS 150-REV. 1/	1/65						,		

BALTIMORE CITY HEALTH DEPARTMENT

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J. J. Y. T. . . .

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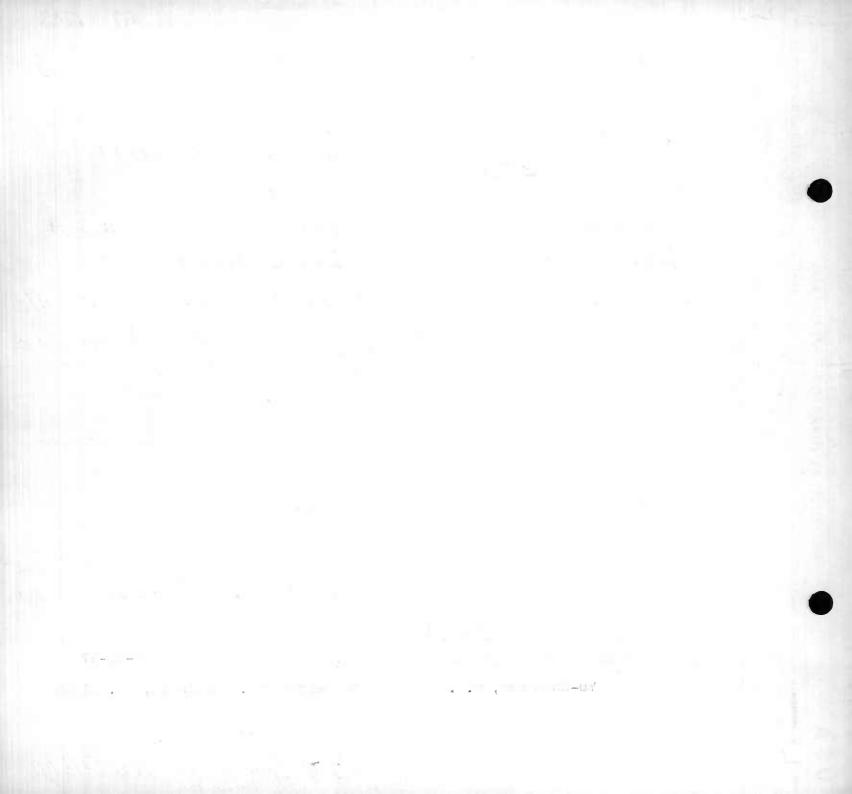
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IMPORTANT

VS 150-REV. 1/1/65

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UNION MEMORIAL HOSP. 3609 MATTELLAT

> 09 9-11-06 W MARKIEL

Clerk Bro K.K. md. 4.5.1

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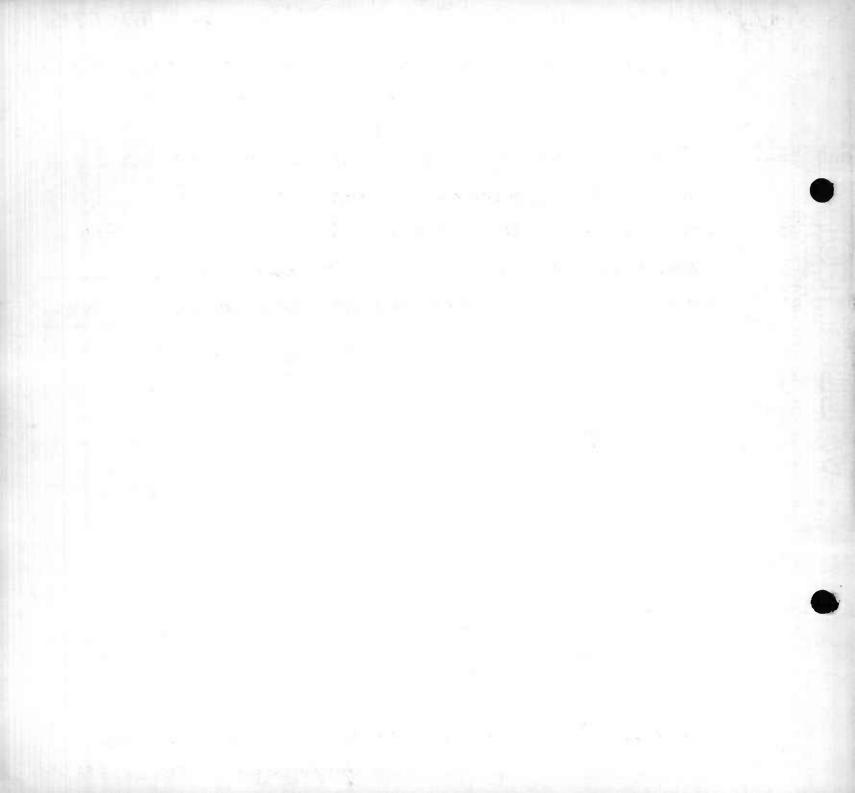
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BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT FUNERAL DIRECTOR: the chief medical approved

VS 150-REV. 1/1/65

7.6 Months Doys Hours ff Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (my) (aus) opinion death occurred on the date 23B. DATE SIGNED (City, town, or county) 300

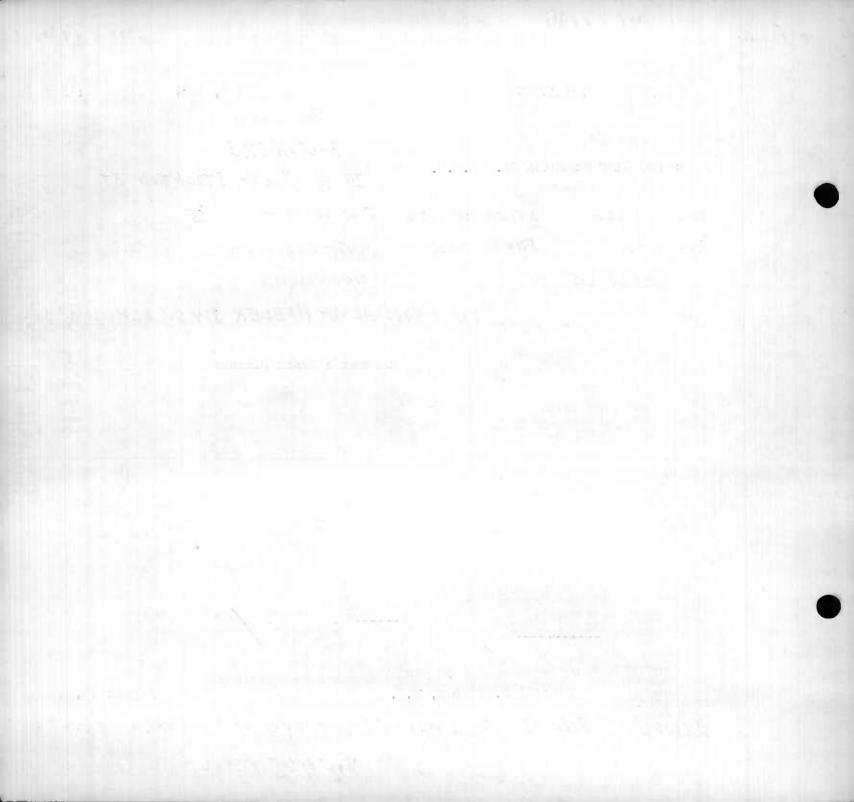


VS 151-REV. 1/1/65

67 7746

BALTIMORE CITY HEALTH DEPARTMENT

RTH NO.	MED		AMINER'S C			ATH Registe	ered No.67	7746
E CASE NO.								
NAME OF DE	CEASED				2. DATE AND	OUR PRONOUNC	ED DEAD	
PLACE IN BAL	OHN EARL CAR	LISLE WHERE PRONOU	NCED DEAD	4. USUAL A. STATE	RESIDENCE (Where dec	B. COL	titution: residence	6:15 p M. e before odniission)
ILL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	TION, GIVE STREET	c. CITY O	MAKYLANI R TOWN (If outside of) orporate limits, write	e RURAL ond gi	ive township)
39 an	d 41 S Stock	ton St.	D.O.A.	D. STREET	ADDRESS (If rurol, give) 41 South	- / 1	TON ST	<u> </u>
SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	8. DATE OF		9. AGE (In years lost birthday)	If Under 1 Y	r. If Under 24 Hrs. s Hours Min.
Male	White		MARRIED	JULY	17-1912	54	74.0111113 509	10013
	CUPATIC (Give kind of wo	rk 108. KIND OF	BUSINESS OR INDUSTR	RY 11. BIRTHPL	ACE (State or foreign o	ountry)	12. CITIZEN C	OF CULTURY
2(PHOLS	working life, even if retired) TER ME	FURNI	TURE	NURTH 14. MOTHE	+ CAROLINA	4	21.5.	4.
CA	FRLISLE			UNK	NOWEN			
	ED EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORM	ANT		ADDRESS	
NO	, , , , , , , , , , , , , , , , , , , ,		237-10-9900	ALM	A HEBLE!	2 3245.1	(A) 40	21 N/ ST.
(This does heart foilure injury or conjury o		H of dying, e.g., s the disease, I death.) ES ANY, GIVING STATING THE os CONTRIBUTIN ELATED TO TH IG IT.	(B) DUE TO (C)			3. IF YES, WERE FI	SES OF DEATH	
UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	home, etc.)	PLACE OF INJURY (e.g., form, factory, street,	office bldg., II	NJURY OCCUR?			on)
OF INJURY	(Month) (Doy) (Ye		E. INJURY OCCURRED		IF, HOW DID INJURY	OCCUR?		
(APPROX.)		m. W	ORK NOT	WHILE WORK				
22. I cei	rtify that I held on	Inquiry	Inspection Au	utopsy XX	ond that on this i	oosis, deoth in n	ny opinion	
ACTUA SIGNAT EXAMI NAME (TURE VV (Wash	Suicident Suicident Suicident M.C. M.C. Fisher, M.D.	CHII	emicide Und EF MEDICAL EXAM THE MEDICAL EXAM TE MEDICAL EXAM	AINER 🗌	D	TATE SIGNED
MOVAL (Speci	EMATION, 238. DATE	230	C. NA 'E of CEMETERY	or CREMATO	RY 23D. LOC	ATION (City,	, town, or count	y) (Stote)
BURIAL	8-11-	-67 G	LEN HAVEN	V CEME	TERY GOV.	RITCHIE HI	WY. ANNE	E ARUNDE
	AUG 1 4 196	7 000	is E. Faller	A 141	TENC-ENW	EDA 1 LIGAR	= PRAT	TTH



BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

If Under 1 Yr. If Under 24 Hrs. Months Days Hours 12. CHTIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) and that in(my) (aur) apinian death accurred an the date 23 B. DATE SIGNED 7401 GERMAN HILL RO, BALTO CO, MO, 901 S.CONKLING ST. BALTO, 21224, MD

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Asomera of garden sures in

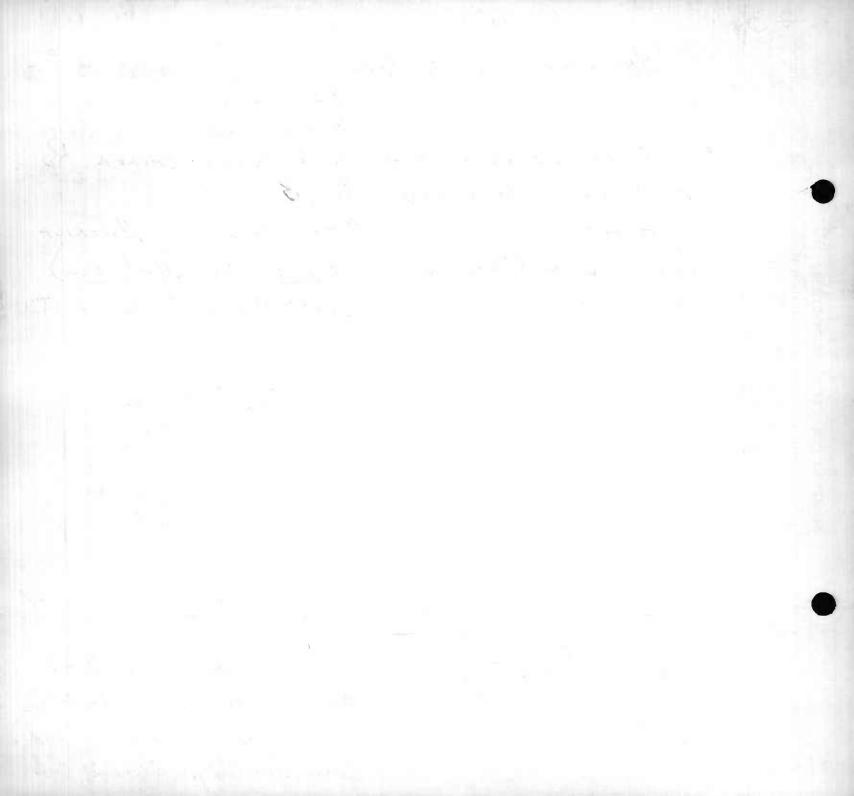
4940 Eussen the Berne William

Popular Co

Kussell & Hills

Russers D. Hoors

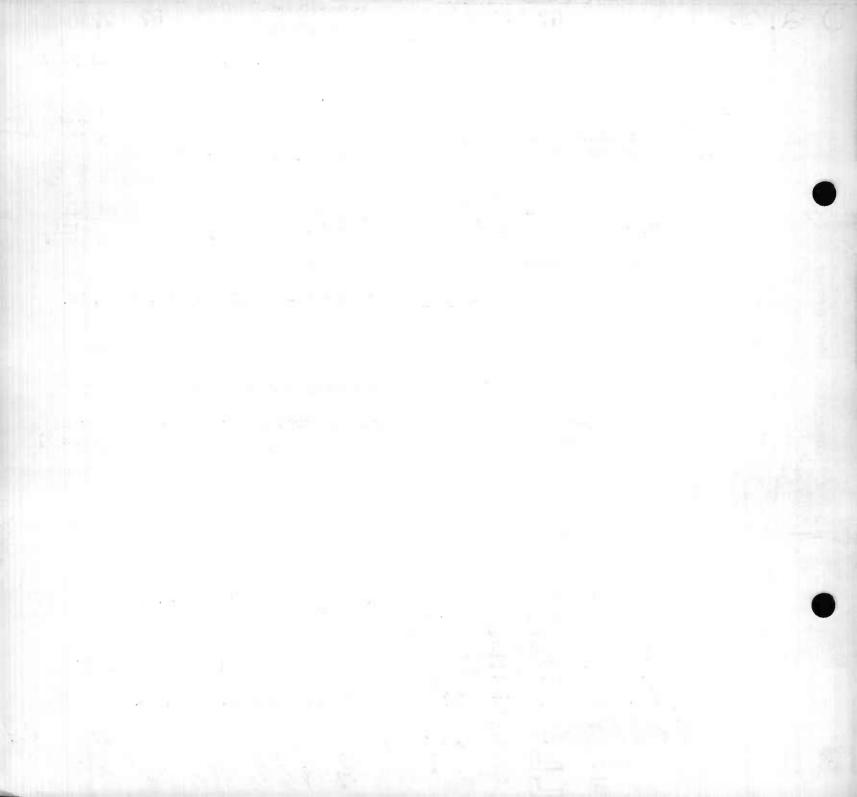
)	2216		(r) //A9	HEALTH DEPARTMENT	67 7749
-	الموقعو		CERTIFICA	TE OF DEATH	Registered No.
	an th th	1. N	AME OF DECEASED	2. DATE AND	HOUR OF DEATH
	de de c	(typ	De OF Print RAGSDALE DOROTHY KA	THERME CL	1945T 9,1967 10 AM
	De de t	3, 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where	deceased lived. If institution: residence before admission)
	osp e 5) 1 1 1 1 1 1 1 1	١.,	FULL NAME OF (If not in hospital or institution, give street	MARYNAM	
	da (C	1	NSTITUTION		de city limits, write RURAL and give township)
	e a se e		. I	BALTIMO	PF 53,00
	in i	4	14 1/2 M	D. STREET ADDRESS (If tur	al, give location)
	e p d d		UNION ITEMORIAL HOSP	1636 KI	CKENBACKER KD
	rribu mine gula sed mad	5, 5	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
1			F WIDOWED	8/4/19	54
	con con referr		. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12. CITIZEN OF WHAT COUNTRY?
	te rapine	don	e during most of working life, even if retired)	MARYLAN	
	de Un us as	13.	FATHERS NAME	14. MOTHER'S MAIDEN NAME	D HMERICA
	rect or (4) Under was in the de isposition	H	1 com 1 Com	1	12 /11/
Z	E = 1, E = 13	15	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	HNNA	K. (UMKNOWN)
4	ind ind eat eat	(Ye	s, na ar unknown) (If yes, give war ar dates of service) SECURITY NO.	1. INFORMANT	ADDRESS
X	th th d d d fin		215-03-1010	House F Wille	und - Bodynuy Ct
0	or ded a		18. 332XI CAUSE OF	DEATH	INTERVAL BETWEEN ONSET AND DEATH
Ę	f o d	1.	DISEASE OR CONDITION DIRECTLY	1	ONSE! AND DEATH
5	Als e o nou att		LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO	menofmunen	i a
	30 - B		heart failure, astheria, etc. It means the disease,	1 1	2 / -
Š	ner act pr pr ula		injury or complication which coused death.)	ephalomalacia	of left
	eg e		ANTECEDENT CAUSES (8) DUE TO	toubello.	- nontile area
H	X X X		DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)	05-05-05-05-05-05-05-05-05-05-05-05-05-0	
¥	an an ar		UNDERLYING CONDITION lost.	· · · · · · · · · · · · · · · · · · ·	W.K.We
_	dica cal ns; icia icia				
4	edi sur nys	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
2	Y E Y E E	AT	DISEASE OR CONDITION CAUSING IT.	Too a series of the series of	
Ž	hie od od	ERTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	he cl by (2) B re t phy fore	CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Baltimare City, give exact location)
	th (2) (2) ere		OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet) hame, form, factory, street, off etc.)	ice bldg., INJURY OCCUR?	with outlines only, give experiences
	>= 0 - Z -	0			
	osp osp tv (6)	MEDI	21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not White	21F. HOW DID INJUR	RY OCCUR?
	n n n n n n n n n n n n n n n n n n n	-	(APPROX.)		ala .
h	pro the ny exc an		22. 1 certify that (1) (this haspital) attended the deceased from	7/19 19	67 to 8/9 1967
	0 0 0		that (1) (we) last saw the deceased alive an 8/9	19 67 and that	in(my) (au) apinian death accurred an the date
	0 8 - 7	П	and hour and fram the causes stated above. (1) (We) (did) (did not) vi	iew the body after death.	
	ust be assed dent ospit deat	1	23A. SIGNATURE		23B, DATE SIGNED
	2 0 .= - 0		W. H. Wald Cart of M.D. Atte		off 8/9/6/1
	9 2 5 5			3D. ADDRESS	011/
	An a At at prior		NAME (Type)	Marin M	e de la plo
	certificate mody was relies: (1) An acc D.O.A. at a lased prior ten approval	24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOC	CATION (City, town or county) (State)
	L TO O C	1	REMOVAL (Specify)		1 21 13 04 20
	s c	250	Dematical //0/6 Jouden T.P., DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C FILMERAL DIRECTOR	della Dalle Mul
	This certhe bod shows: (was D.C decease	1	AUG 1 4 1967	25C. FUNERAL DIRECTOR	21/10 Paris 2:1
		Ve	150-REV. 1/1/65	norm of Cours	myy, easeful, ma.
		A 2	130=RE 7. 1/1/03	, ,	



a hospital and

or Print)	EASED				ATH				
	Minnie	Frances	Jacobs			. 10, 1967		11: 30	Α.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND					4. USUAL RESIDENCE (Where deceosed lived. If institution: residence belare admissing A. STATE B. COUNTY				
	oddress or location	on)		C. CITY OR TOV		utside city limits, write	RURAL one	give township	3-02
3100 Wyman Park Drive									
F	6. RACE	WIDOWED	, DIVORCED (specify)	1/8/05	Н	9. AGE (In years lost birthday)	If Under Months	Doys Hours	der 24 Hr Min.
luring most of	working life, even if retired)					eign country)	12. CITI	AT COUNTRY?	
THER'S NA	ME			14. MOTHERS N	AIDEN NA	AME			
	Joseph Perr	ica		Cons	tance	Di Blasi			
			16. SOCIAL SECURITY NO. 215-07-8985	17. INFORMANT Record	is- US	PHS Hospita	ıl, Bai	ADDRESS lto, Md.	
4 0	20111			F DEATH					
	LEADING TO DEATH		(A)	entricular	fibr	illation			
eort foiture, njury or con DISEASES (se to th	osthenia, etc. It mean implication which couse ANTECEDENT CAUSE DR CONDITIONS, if e above couse (A)	s the disease, d death.) S ony, giving	DUE TO			○ N N N N O O O O O O O O O O O O O O O			
IN DERLYIN								(6 mos	?)
O THE D	FOREATION 198. CO	ATED TO THE			Y? (Yes or h		FINDINGS USES OF	CONSIDERED	
R CONTRIB	UTING CAUSE OF	hom	PLACE OF INJURY (e.g., in e, larm, lactory, street, al		HERE DID OCCUR?	(II in Boltimor	e Cily, giv	e exact locatio	n)
D. TIME		Whi	le At Not While		W DID IN	JURY OCCUR?			
nat (I) (we)	last saw the deceas	ed alive on	Aug. 10	19 67	and t	hat in (my) (aur) ap			1967.
A. SIONAT		ilet	M.D. Atte	ending M	Ned.	Stoll Phys.			
John	A. Kibelstis	, Surgeo			S Hosp	ital, Balto,	Md.		
DUR!	Specily) 8/14/1	67 CE	dAR Hill		6	LEN BUR.	NIE	ADDRESS	(Stote)
	STITUTION S Publ 100 Wy ISUAL OCC JUVING MOST OF SUBLET OF THER'S NAME OS DECESSES OF UNKNOWN NO S. DISEA This does in the control of th	SPUBLIC Health Send 1000 Wyman Park Driver 1000 Working life, even if retired 1000 Wyman most of working life, even if retired 1000 Wyman Messman Withers NAME Joseph Perrops Deceased Ever in U. S. Armed Form of unknown 1000 Wyman Wym	SPUBLIC Health Service Hose 1000 Wyman Park Drive (a) 6. RACE Widowell Wid	SPUDIC Health Service Hospital 100 Wyman Park Drive Comparison C	Baltin D. STREET ADD 100 Wyman Park Drive Comparison Comparison	Baltimore Baltimore Baltimore B. STREET ADDRESS (III) 1520 S. Han 1520 S. Han	Baltimore SPUBLIC Health Service Hospital 100 Wyman Park Drive 150 S. Public Health Service Hospital 150 S. Public Health Service Hospital 150 S. Public Health Service Hospital 150 S. Hanover Street 1,8/05 S. Hanover St	Baltimore Baltimore Balti	Baltimore Deltimore Deltimore

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la	67 7751 BALTIMORE CITY HEALTH DEPARTMENT	א בין נייוניין ("
BII	RTH NO. 67 7751 CERTIFICATE OF DEATH Registered No. 6	(101
1.	LE CASE NO. NAME OF DECEASED YOUR OF PRINT THE PRINT OF DEATH YOUR OF PRINT THE PRINT OF DEATH YOUR OF PRINT THE PRINT OF DEATH	12MN
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	on: residence before odmission)
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	ond give township)
	B HCTPUME MARYLAND SEVER NO 11 12/1	Cute
4	HON HILL KTD	1 52.00
5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Mon	Inder 1 Yr. If Under 24 Hrs. Hours Min.
	one during most of working life, evan if retired) FACTORY WORKER	CITIZEN OF WHAT COUNTRY?
13	FATHERS NAME PLASTICS PLANT COMBELLAND MA	000
15.	Wos Decosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
	no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 26-12-2555 Waley A. Thomas same as #	
	18. / 6 O X I CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) PULLIMITIES	10 days
	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	F
	ANTECEDENT CAUSES (B) CONTONIA & CASTROGUS -	
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
FRTIFICA	1994. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 1204. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDH WAS PERFORMED WAS PERFORMED CAUSES	NGS CONSIDERED OF DEATH?
CALCE	D 21A. A CCIDENT WAS UNDERLYING 218/PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, home, form, foctory, street, office bldg., INJURY OCCUR?	give exact location)
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	22. I certify that (1) (this hospital) attended the deceased fram 7-18-67 19 to 5/1/6	719
	that (We) last saw the deceased alive an	death accurred an the dat
	and haur and fram the causes stated abave. (**) (We) (did not) view the bady after death. 23A. SIGNATURE	DATE SIGNED
	23C. PHYSICIAN'S Attending Med. Director Phys. 23D. ADDRESS	8/7/61
	ROBERT M. BEAZCEY M.O. MARYLAND GEN'L)	1050
24	IA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, ton REMOVAL (Specify)	vn, or county) (Stote)
25	Burial 8/10/67 Glen Haven Cemetery Glen Burnie A.A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS Md.
	AUG 14 1967 P. O. St. 2 Falling Ropping Funeral Home - Ann	Malis, Md.
VS	3 150-REV. 1/1/65	/

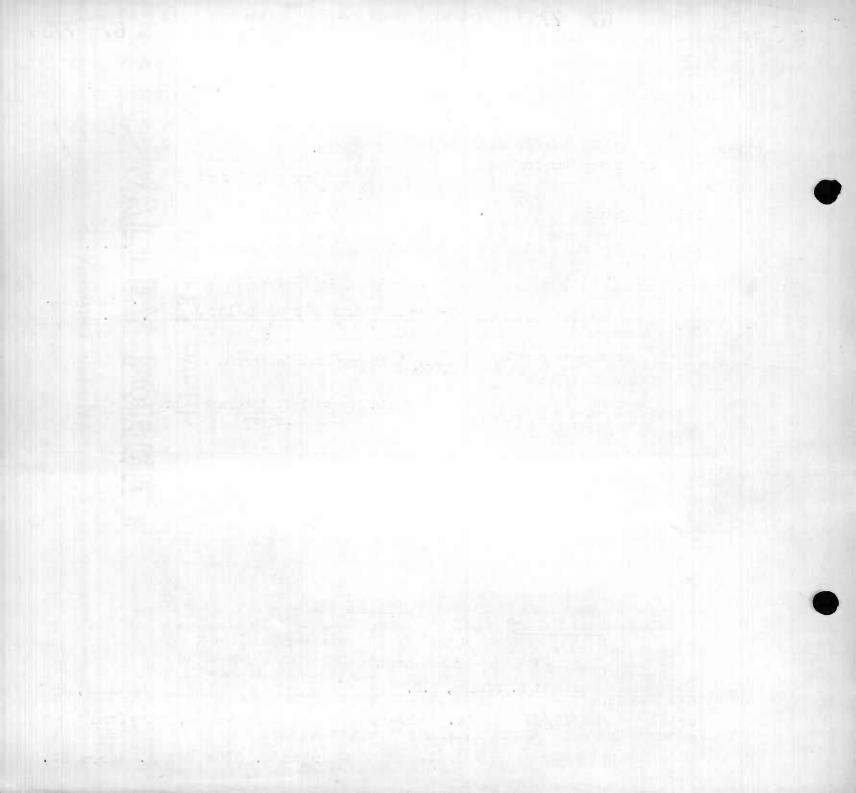
HATTIC WELSH Partie Contract of the Contract of Take the control of t A PARTY OF THE PAR

	and ased the Such	M.E. CASE NO.	KIIFICATE OF DEATH	egistered No. 67 7752
	- 6 -	1. NAME OF DECEASED (Type or Print) 1. 1. HELM & Allem	and 8-9-	67 63AM
		3. PLACE OF DEATH IN LALTIMORE, MARYLAND	A. STATE B. COUNTY	eosed lived. If institution: residence before admission)
		FULL NAME OF (If not in hospital or institution, give street hospital or institution, give street oddress or (acotion)		ity limits, write RURAL and give township
	cau cau	Melahor Nursing Ho.	D. STREET ADDRESS (If rurol,	give location) Royalah AVe.
	1 2 0 0 D	5. SEX 6. RACE 7. MARRIED, NEVER M. WIDOWED, DIVORCE		E (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	ath occur r contrik determin in regul deceased	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS done during most of working (ife, even if retired)		untry) 12. CITIZEN OF WHAT COUNTRY?
	if dea ect or 4) Unc was the d	Carpenter Building 13. FATHER'S NAME	Md. 14. MOTHERS MAIDEN NAME	U.S.A.
Z	+ := 0 - :8	Charles Lamend Forces? 116. SOCIA	L 17. INFORMANT	ehle
RTA	ssistan the di kind; death nce on final d	no None		lemand 3603 Yolando Ro
9	his as Iso, if of any unced tenda	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
- W	Alsonon att	LEADING TO DEATH (This daes not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease,	DUE TO Otherwork to Akar Dice	ase) 20 plans
OR	mine ract ract o pr gula emb	injury at complication which caused death.) ANTECEDENT CAUSES	(B)	
IRECI	exan (3) A an wh in re	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	
AL D	edica dica Jrns, ysici was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
INER	by a me by a me 2).Body by e the phy physician ore the re	194. DATE OF OPERATION 198. CONDITION FOR WHICH OP	ERATION 20 A. AUTOPSY? (Yes of No.) 20 E	. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
7	== 000	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF	INJURY (e.g., in or obout 21C. WHERE DID ctory, street, office b(dg., INJURY OCCUR?	((f in Baltimore City, give exact location)
	os os os os os os os os os os	OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hour) 21E, INJURY O While At Work	CCURRED Not While At Work AT Work	OCCUR?
	to the hosed any national (except h); and (6 be obtained h).	22. I certify that (I) (this hospital) attended the decease that (I) (we) last sow the deceased alive on	1888 9 0 19 5 ond that In	to Onghes 9 19 5) (my) (www.) apinion death occurred on the date
	must be a eleased to ccident of hospital to death) al must ba	23A. SIGNATURE	M.D. Attending Med. Staff Phys.	23B. DATE SIGNED
	certificate n body was re vs: (1) An ac D.O.A. at a ased prior t	23C. PHYSICIANS NAME (Type) STANLEY 2. February	M.D. 1129 E. Bellings &	3. Bottimes Mayland 21202
	s: (1) D.O.A ased	REMOVAL (Specify)	metery of crematory 24D. Locatern Balt	imore Md.
	This certifue body shows: (1) was D.O. deceased written a	Burial 8-12-1967 West		ADDRESS
		VS 150-REV. 1/1/65	W. NOTICE A	TOTAL INDICUNORIA HE



C-534 BIRTH NO. 67 7753 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 7753

M.E. CASE NO.	ICAL EXAMINATION	ERTIFICATE OF DEATH MASSISSI	100
M.E. CASE NO. 1. NAME OF DECEASED		2, DATE AND HOUR PRONOUNCE	FD DEAD
AMBROSE CHAND	G.F.D		
3. PLACE IN BALTIMORE, MARYLAND, W		August 8, 1967	9:50 p M. titution: residence before odmission)
		A. STATE B. CO	
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If autside carparate limits, write	e RURAL and give to washing
NOITUTITZNI) /- 01
27,000,000	1	D. STREET ADDRESS (If rurol, give lacotion)	
University Hosp	oital		
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	905 Burgundy Street	If Under 1 Yr. If Under 24 Hrs.
	WIDOWED, DIVORCED(specify)	last birthday	Manths Doys Hours Min.
Male Colored	M.	9/22/10 56 RY 11. BIRTHPLACE (Stole or foreign country)	
done during most of working life, even if retired)	THE KIND OF BUSINESS OR INDUST		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		South Carolina	U.S.A.
		14. MOTHER'S MAIDEN NAME	
Joe Chandler		Martha Scott	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (II yes, give wor ar dote		17. INFORMANT	2 S. 23rd,St.
	250-03-11	79 Lucille Chandler, Ph	
18. 2 2 9 V		SE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DI	NECTI V		ONSET AND DEATH
LEADING TO DEATH	(a) To	eft cerebral infarction	
(This daes not mean the made of heart failure, asthenia, etc. It means injury or complication which caused	the disease,		
r			
ANTECEDENT CAUSE		clusion of left internal car	otid
DISEASES OR CONDITIONS, IF A		artery	
UNDERLYING CONDITION LAST.	(C)		
2			
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		
TO THE DEATH BUT NOT REL	LATED TO THE	***************************************	
19A. DATE OF OPERATION 19B. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Na) 20B. IF YES, WERE F	NDINGS CONSIDERED
	FORMED	VEC IN CERTIFYING CAU	****
Z 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B, PLACE OF INJURY (e.g.	YES,, in or about 21C. WHERE DID (II in Baltimore City, g	YES ive exact lacation)
UNDERLYING OR CONTRIB-	home, farm, foctory, street, etc.)	office bldg., INJURY OCCUR?	
21 D TIME (Month) (Doy) (Year	r) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)		WHILE	
	m. WORK AT	WORK	
22. I certify that I held an I	nquiry Inspection A	utopsy X and that on this basis, death In	my apinion
resulted from: Natural car		de Hamicide Undetermined mann	
	7//	CHIEF MEDICAL EXAMINER X	
ACTUAL //	The state		DATE SIGNED
SIGNATURE	M.I	D. ASSISTANT MEDICAL EXAMINER	
EXAMINER'S NAME (Type) Russel	1 S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER	A 1067
23A, BURIAL CREMATION, 23B, DATE	23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City	August 9, 1967
Burial 8/14/			
24A, DATE REC'D BY HEALTH DEPT.	24B NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
_AUG 1 4 1967	Robert E. Farker	Charles A. Rice 661	W. Barre St.
VS 151-REV. 1/1/65		7703	



		1 17 3 7 6	BALTIMORE CITY			(John	Principles of
MRTH NO.	6/	7754	CERTIFICA	TE OF DEATH	Registered I	Na. 67	7754
Type or Print)	LTA R	R. WRIGI	HT	AUG	AND HOUR OF DEA	767 1	
FULL NAME O	ATH IN BALTIMORE,	pital or institution, give	street	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. UNTY	If institution: re	esidence before odmissi
HOSPITAL OR INSTITUTION	address or lo			BALTIMOR	outside city limits, w		d give township)
CHU	REH HON	IE of HOSP	ITAL	1919 BAN	(If rurol, give location)	
SEX	6. RACE	7. MARRIED, NEV WIDOWED, DI	VER MARRIED VORCED (specily)	9-20-1509	9. AGE (In years lost birthdoy)	If Unde Months	Doys Hours Min
lone during most of	working life, even if reti	f work 10B. KIND OF BUS	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote of for		WH.	ZEN OF AT COUNTRY?
HOUSE V	W/FF			WEST VIR	IAME TA		<i>5/</i> 4
GEORI	Ever in U. S. Armed		SOCIAL	17. INFORMANT	HARR	1.5	ADDRESS
NO	n)(If yes, give wor or	doles of service)	SECURITY NO.	MARY NIXO	N 1919 B	BANK	57;
DISEA	SE OR CONDITION		CAUSE O	perference (000		INTÉRVAL BETWEEN ONSET AND DEATH
IThis door		1 1 '					
heort failure,	not meen the mode osthenio, etc. It m application which can	eans the disease,	DUE TO	sloto Hong	Flock		Syrs.
heart failure, injury or con	osthenio, etc. ft monplication which can ANTECEDENT CAU OR CONDITIONS,	eans the disease, used death.) USES if any, giving	(B) DUE TO	glete Heart	Bloch	6	zys.
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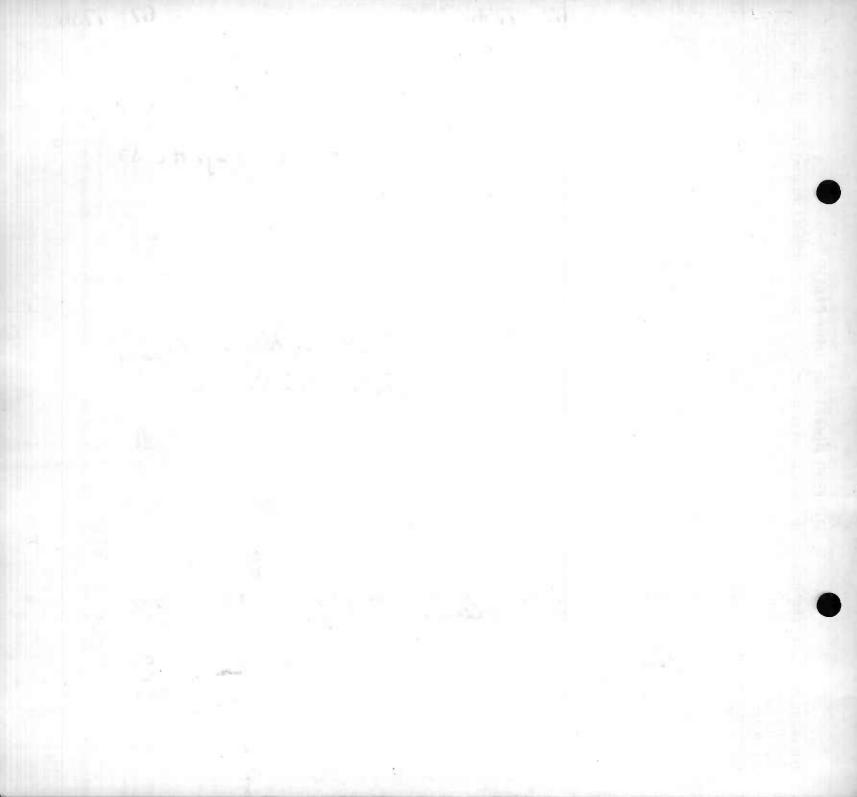
N856.2

M.E. CASE NO.								FILE		
1. NAME OF DEC	CEASED				2, DATE	AND HOUR	PRONOUNCE	D DEAD		
DAVID)		LIDE			August	10, 19	67	7:45 P.	M.
3. PLACE IN BALT	TIMORE, MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL A. STATE Ma.	residence (w	here deceosed	B. COU	nution: residen	ce before odmi	ssion)
FULL NAME OF HOSPITAL OR	(IF NOT IN HOS	PITAL OR INSTITU	TION, GIVE STREET		OR TOWN (If o	utside corporat	e limits, write	RUBAL ond	give to wpakipl	2
INSTITUTION				R.	altimore		/	1-	01	
Johns H	Hopkins Hosp	ital			ADDRESS (If	rurol, give loca	tion)	0	1	_
Joinis	topkins nosp	ıcaı								
5. SEX	6. RACE	7 AAA DDIED	NEVER MARRIED	B. DATE O	744 Rigg		E (In years	Tif Under 1	Yr, If Under 2	4 Hes
			OIVORCED (specify)			lost b	irthdoy		ys Hours	
Male	Negro	MARRI			-1907		60			
done during most of	working life, even if retire	d)	HESION CHE	M. DA	RLINGTO	on, s.c		U.S.	COUNTRY?	
13. FATHER'S NAM	ΛE			14. MOTH	R'S MAIDEN N	IAME				
ROBER	T LIDE			L	OUISE I	LIDE				
15. WAS DECEASE	ED EVER IN U.S. ARM		16. SO CIAL SECURITY NO.	17. INFORA				ADDRESS		
(1es, 110 of olikinowii	in yes, give wor or c	Toles of services	JEGORIII NO.	Mme	Annie	T.t.da	2744	Diagra	Avenu	
18.			CALISI	OF DEAT		TIGE	2/44		TERVAL BETW	
E91	04.91		CAUSI	OF DEAT					NSET AND DI	
DISEA	SE OR CONDITION LEADING TO DEA		0		1 1 T					
(This does	not meon the mode	of dying, e.g.,	(A) Cra	nio-Cei	cebral I	njury				
heort foilure,	, osthenio, etc. It me mplication which cous	ans the discose,	20110							
								6-11		
	ANTECEDENT CAU		(B)							
	OR CONDITIONS, 11		DUE TO							
	NG CONDITION LA	ST.	(6)							
8			(0)							
OTHER SIC	II INIFICANT CONDITIO	NC CONTRIBUTION	IG							
O THE	DEATH BUT NOT	RELATED TO TH								
DISEASE O	R CONDITION CAUS			100A AL	ITO 0 - VO	AL 1008 48 V	DC MARRO FIA	IDINOS CON	LODEDED	
OTHER SIG TO THE DISEASE O	F OPERATION 19B. C	PERFORMED	VHICH OPERATION	20A. AL	JTOPSY? (Yes or		FYING CAUS		H?	
100	CALLER WAS				Yes	15 /// 5 /5			Ye	S
O UNDERLYING	L CAUSE WAS	home	FLACE OF INJURY (e.g., form, foctory, street,	office bldg.,	INJURY OCCU	R?	more City, giv	e exoct loco	tion)	
ш	JSE OF DEATH.	etc.)	Unknov	vn	Uı	nknown		00	-00	
21D TIME	(Month) (Day) ((Hour) 2	E. INJURY OCCURRED		21 F. HOW DID	INJURY OCC	J R?			
(APPROX.)	Unknown	m. W	HILE AT NOT	WHILE X	Sub	j. fell				
22. I cer	tify that I held on	Inquiry	Inspection Au	topsy X	and that a	n this basis,	deoth In m	y opinion		
resul	Ited from: Notural	couses A	ccident X Suicia	le 📗 F	lamicide	Undetern	nined monne	or 🗌		
	,			СН	EF MEDICAL	EXAMINE	2			
ACTUA		5 h.S.	7/M.E		NT MEDICAL				DATE SIGN	ED
EXAMIN NAME (Type)	er U. Spi	tz, M.D.	ASSOCIA	TE MEDICA				1/10/67	
23A. BURIAL CRE REMOVAL (Specif		23	C. NAME OF CEMETERY	or CREMATO	ORY 2	3D. LOCATION	(City,	town, or cou	nty) (Sto	te)
Burial	8-15-		Arbutus Me			Arbutu	8		ryland	
24A. DATE REC'D	AUG 14 196	24B. NAME	OF REGISTRAR		DRTON &		F.H.		Lauren	8 5
VS 151-REV. 1/1/	/65 N/C	120	2 1 0	-		3		3.04		

THE PERSON LAW THE PROPERTY OF

1-	-5	-	41	(
3	pital and of death	Deceased	ath. Such	-
	d in a hosping cause	cause; (5)	rior to dec	4
•	th occurre	determined	eceased p	on is made
ANT	stant if dea	ind; (4) Uno	e on the d	al dispositi
IMPORI	r or his assi: Also, if the	re of any k	attendanc	ilmed or fir
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was L.C.A. at a nospital (except where the physician who pronounced again was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
NERAL D	hief medical	Body burns;	rne pnysicie rsician was	the remain
FU	red by the chospital by	nature; (2)	(6) No phy	ined before
	t be approvised to the	ent of any	spiral (excident); and	nust be obto
	rificate mus y was relea	shows: (1) An accident of	deceased prior to death)	approvalm
	This cert	shows:	decease	Written

	67 7	156	HEALIH DEPAKIMENI	Destaura I Na	67 7756
M.E	CASE NO.	CERTIFICA	TE OF DEATH	Registered No	
1, N	AME OF DECEASED			D HOUR OF DEATH	~
	ELLA 0	MALL	Aug.	1221967	12H,
3. F	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: résidence before admission
F	FULL NAME OF (If not in hospital or institut	tion, give street	MARY LAN.	18	
ŀ	OSPITAL OR oddress or locotion) NSTITUTION	ground and a			RURAL and give township)
			Baltimo	re L	100
1	719 W. Fayette	CT.	D. STREET ADDRESS (If	rural, give location)	1
4	1. THYELLE	24	719 W.	FAJett	5 74.
5. S		RIED, NEVER MARRIED DWED, DIVORCED (specify)		9. AGE (IN years	If Under 1 Yr. If Under 24 H
10		i dowed (specify)	JUNE 1,18	lost birthdoy!	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
done	during most of working life, even if retired)		He prac Town	. S.C.	WHAT COUNTRY?
3.	FATHERS NAME		14. MOTHER'S MAIDEN NA		W. J. 17
9.	10 10 10 11		A 1	- 1	
	WICK WALLAC.	e _	RACheL	Johnson	
5. V Yes	Nas Deceased Ever in U. S. Armed Forces? , no or unknown) (If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No				
	1B. 2 2 4 1	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	(1)	1 1 1		ONSET AND DEATH
	LEADING TO DEATH	(6)	sebral 140	wernbu	4 duys
	(This does not mean the mode of dying, heart loiture, asthenia, etc. It means the dise	e.g., DUE TO	rebral ite		
	injury or complication which coused deoth.)	sose,	7 6 . 0.		2
	ANTECEDENT CAUSES	10/	yeur rece	em	
	DISEASES OR CONDITIONS, il any, gi	DUE TO			/
	rise to the above couse (A) stating			90° a vev 50° 9 a a a a vada a ada a a a a a a a a a a	
	UNDERLYING CONDITION last.				
z	OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING			
10	TO THE DEATH BUT NOT RELATED TO				
CA	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES. WERE	FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, or	ffice bldg., INJURY OCCUR?		
0					
MEC	21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
•	(APPROX.)	While At Work Not While At Work			
	22. I certify that (I) (this hospital) ottend	led the deceased fram	in 10	1967 to au	196
	that (I) (we) last sow the deceased olive	on Com 11			nian death accurred on the
- 1	and hour and fram the causes stated above	,	,	or many, acres opi	man death accorred on the t
	23A. SIGNATURE	/e. (I) (we) (ala) (ala not) (lew the bady after death.		DOD DATE SIGNED
	A 10	M.D. Atte	ending Med.	Stoff	23B. DATE SIGNED
	Jelly glussma	Phy	s. Director	Phys.	0713-67
	23C. PHYSICIAN'S / NAME (Type) /		23D. ADDRESS	1	
	HARRYGL	HSS MIN M.D.	7122	Fren	ie it
24A	BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRI	MATORY 24D. L	OCATION (Ci	ty, town, or county) (State
1	REMOVAL (Specify) SUNIAL 8-16-67			9 7	C. P. I
254		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	leorge lown	ADDRESS
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45	AUG 141967 0 0	of E Fallware	a harternore	NEARC /	forme deevyeleways



The White Bluff Com Swamp Com

1. NAME ((Type or Pri	OF DECEASED	VERNELL T	HOMPSON		Augu	st 10, 1967	8	:50 A.
3. PLACE I FULL NAM HOSPITAL INSTITUTIO	OR ADDRESS OR L	SPITAL OR INSTITUTI		C. CITY OR TOWN	aryland N (Moutside altimor	e carparate limits, write 'e	INTY	
00	2128 Callo					low Avenue		
5. SEX Male		WIDOWED, DIV	EVER MARRIED VORCED(specify)	3-31-67	7	9. AGE (In years last birthday)		r. If Under 24
done during	OCCUPATION (Give kind o most of working life, even if reti		USINESS OR INDUSTRY	Md.			12. CITIZEN CON WHAT CO	DUNTRY?
13. FATHER	Vernell C	Coleman		/	NE NE	Thompso		
	CEASED EVER IN U.S. AR knawn) (If yes, give wor ar		SECURITY NO.	Margar	set T	hompson	ADDRESS	me
heor	daes not mean the mad foilure, asthenio, etc. It m	e at dying, e.g., neons the diseose,	DUE TO	terstitial			II)	
NOIT NOTH	failure, asthenia, etc. II in or camplication which cau ANTECEDENT CA ASES OR CONDITIONS, TO THE ABOVE CAUSE (ERLYING CONDITION LA	neons the discose, used deoth.) USES IF ANY, GIVING A) STATING THE AST. ONS CONTRIBUTING	(B)	Section 4, 102, to the total section				
DISIGNATION TO THE TO T	foilure, asthenia, etc. II m or camplication which cau ANTECEDENT CA ASES OR CONDITIONS, TO THE ABOVE CAUSE (, ERLYING CONDITION L/ II ER SIGNIFICANT CONDITION THE DEATH BUT NO ASE OR CONDITION CAU ATE OF OPERATION [198.	Neons the discose, used deoth.) USES IF ANY, GIVING A) STATING THE AST. ONS CONTRIBUTING TRELATED TO THE ISING IT.	(B)			208. IF YES, WERE FII	NDINGS CONS	
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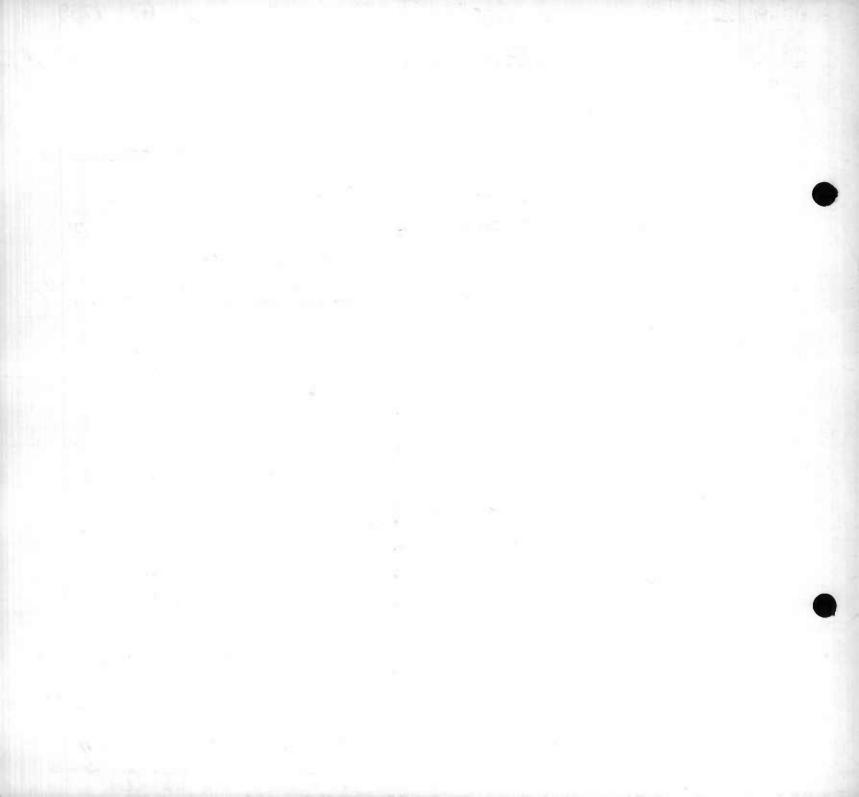
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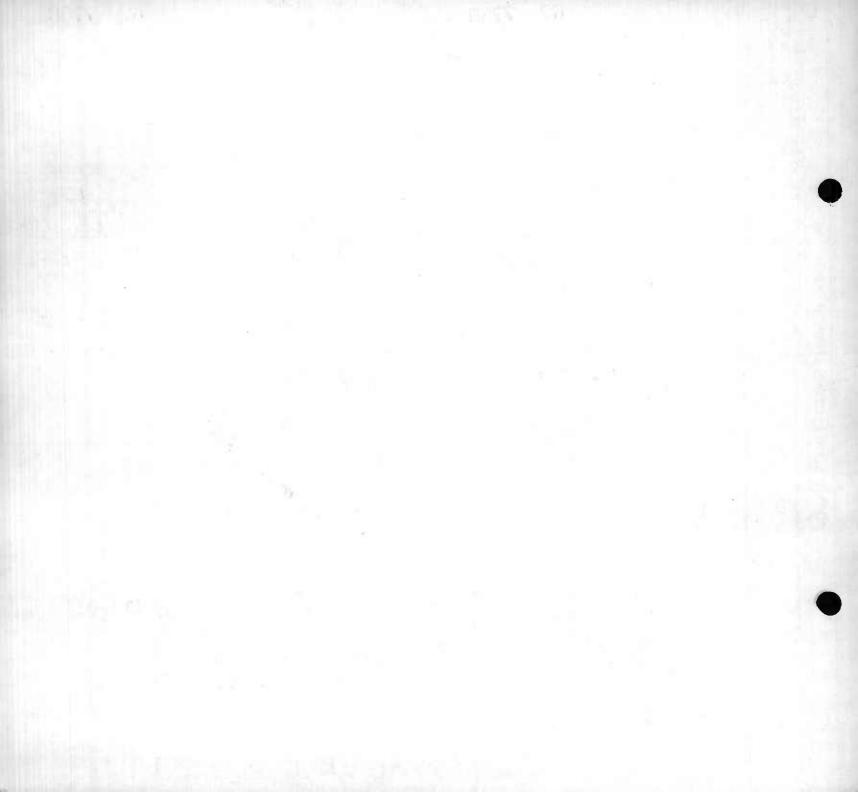
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Kelson Francishora 1348 Collins W

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	Pu	ath sed	(except where the physician who pronounced death was in regular attendance on the ; and (6) No physician was in regular attendance on the deceased prior to death. Such e obtained before the remains are embalmed or final disposition is made.	
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FUNERAL DIRECTOR: IMPORTANT	iner	o the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	pro	ı
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	his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death thows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
			₹ 77 ₹	16

(Ty	Pe or Print)	EASED //	14/			2. DATE AN	D HOUR OF DEATH		A:05
3. 1	PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND	ugluizz	14. USUAL RESID	ENCE (When	- 10-67 e deceosed lived. It		dence before admis
				/	A. STATE	B. COUN	TY Q		dence belove burns
	FULL NAME O	F (If not in hospital oddress or location		give street	C. CITY OR TOW		side city limits, write		
-1	INSTITUTION				100			1228	ive township;
3	41			/	D. STREET ADDR	ALO/C	rurol, give location)	1	0000
1	700	N Secon	ues f	POSPITAL	328	11/6	Lie (X	XXXXX	XXXXX R
5. 5	SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	If Under 1	Yr. If Under 24
	FE	W		RIED (specify)	6/29/02	2	lost birthdoy) 65	Months D	oys Hours M
			10B. KIND OF	BUSINESS OR INDUSTRY				12. CITIZEN	N OF
don	e during most of Retir	working life, even if retired).	Md Pa	per Box Co.	Mar	1 (.	/	WHAT	USA
13.	FATHER'S NAM		114. 14	per box co.	14. MOTHER'S M	ADEN NA	V A		USA
	Thomas		1. 11	60	/	RA	Swartz		
10			//			110/7			
(Ye:	s, no or unknown	(If yes, give wor or dot	es of service)	SECURITY NO.	17. INFORMANT	Sam J.	Gugliuzza	A	DDRESS 2122
	No			213-10-2546	wxxxxxxx	XXXXXX	CARREXX	328 Wh	itfield Ro
	18. 4 2	211		CAUSE	F DEATH				TERVAL BETWEEN
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		not mean the mode of		DUETO	all tall all a ha and arresple a condition to	2.00			
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67 7781 BALTIMO	ORE CITY HEALTH DEPARTMENT	67 7761
BIRTH NO.	IFICATE OF DEATH Registered No. —	.,01
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) MRS FOITH LECF	3-4-67	18:30 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If insti	tution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street	Md BALTO-C	
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RU	RAL and give township)
MARYLAND GENERAL HOSP	KEISTERSTOWN	3-00
,18	D. STREET ADDRESS (If rurol, give locotion)	24
5. SEX 6. RACE 7. MARRIED, NEVER MARRIE	O DIC.	If Under 1 Yr If Under 24 Hrs.
F WIDOWED DIVORCED IS	pecify) Fan. 23, 1886 tost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR I done during most of working life, even if retired)	NOUSTRY 11. BIRTHPLACE (State or toroign country) Battimore (ity	12. CITIZEN OF WHAT COUNTRY?
NONE NONE	ON KNOWN	U.S A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Edward L. Scott	? Emma Lantz	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dotes of service) SECURITY N	17. INFORMANT	ADDRESS
NO 217-09	1-9094 SISTER IN LAW	some or de.
18. 420.1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CARdiogric Shock	11/1
(A).	CARdiognic Shock	7 /24
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	1	, /
ANTECEDENT CAUSES (B)	MYOCARDIA INTARCTIO	W / d.A 7
DISEASES OR CONDITIONS, if ony, giving	E TO	
rise to the obove couse (A) sloting the (C)		
UNDERLYING CONDITION lost.		
Z CONTRACTOR		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	AreniA	
A DISEASE OR CONDITION CAUSING II.		DINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	70. IN CERTIFYING CAUS	ES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJU	URY (e.g., in or obout 21 C. WHERE DID (If in Boltimore C	ity, give exact location)
DEATH (notify medical examiner) NO etc.)	street, office bldg., INJURY OCCUR?	
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCU	RRED 21 F. HOW DID INJURY OCCUR?	
(ABBROX)	Not While	
Work	At Work	pla :
22. I certify that (Mithis hospital) attended the deceased fr		19 6
that (1) (we) last sow the deceased alive an	7 ond that in (my) (our) opinion	an death occurred an the date
ond hour and from the causes stoted obove. (1) (Wel (did) (d		
23A. SIGNATURE		B. DATE SIGNED
Of cents of. Social	M.D. Attending Med. Stoff Phys. Director Phys.	5/4/6/
23 C. PHYSICIAN'S NAME (Tyge)	23D. ADDRESS	11/
FRANK J. ZORICK	CM.D. MARYLAND UEN'	HOSP.
24A. BURÍAL CREMATION, 24B. DATE 24C. NAME of CEMETE REMOVAL (Specify)		town, or county) (Stote)
Burial Aug. 12 67 Pleasant G.	rove Cemetery Owings Mills, M	d.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AUG 15 1967 10 0 1 2 Jan	Sure & F. Eline & Sons Reist	erstown. Md
VS 150-REV. 1/1/65	10, 10, 10, 100, 100, 100, 100, 100, 10	

300 11-111-15 22 In There is not the 21729 Roll Source in low NIC Charleyer Store 18 FRANK J. EVENIN Therfield From 1 FL

	AME OF DEC	EASED (E	velyn F.	Andersavage)	2. DATE AND HE		
	- 2	NELYN	ANDE	RSAUAGE	Heig	11,1967	11:00
. P	LACE OF DEA	ATH IN BALTIMORE, M	MARYLAND		4. USUAL RESIDENCE (Where dec	ceosed lived. If instituti	on; residence before odmis:
F	ULL NAME O	F (If not in hospite	nl or institution	give street	MARYLAND		
H	OSPITAL OR	oddress or local	tion)	, give sincer	C. CITY OR TOWN (If outside	city limits, write RURA	ond give township)
	1				BALTIMORE		26-16
3	SCHUR	egt Home	AND 1	HOSPITAL	D. STREET ADDRESS (If rurol,	-	
					414 N. BO	MLDIN	
. 5	EX	6. RACE		D, NEVER MARRIED	B. DATE OF BIRTH 9. AC	GE (In years If (Under 1 Yı. If Under 24
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_		working life, even if refired	4)		Balto. MARYLA	.13	WHAT COUNTRY?
	ruse Wif					~ 5	U.SA
J. F	ATHER'S NAM				14. MOTHER'S MAIDEN NAME		
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5. V	Vas Deceased	Ever in U. S. Armed I	Forces?	1 6. SOCIAL	17. INFORMANT	,, –	ADDRESS Balto
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	1B / ~				OF DEATH	DO ASTA 11	INTERVAL BETWEEN
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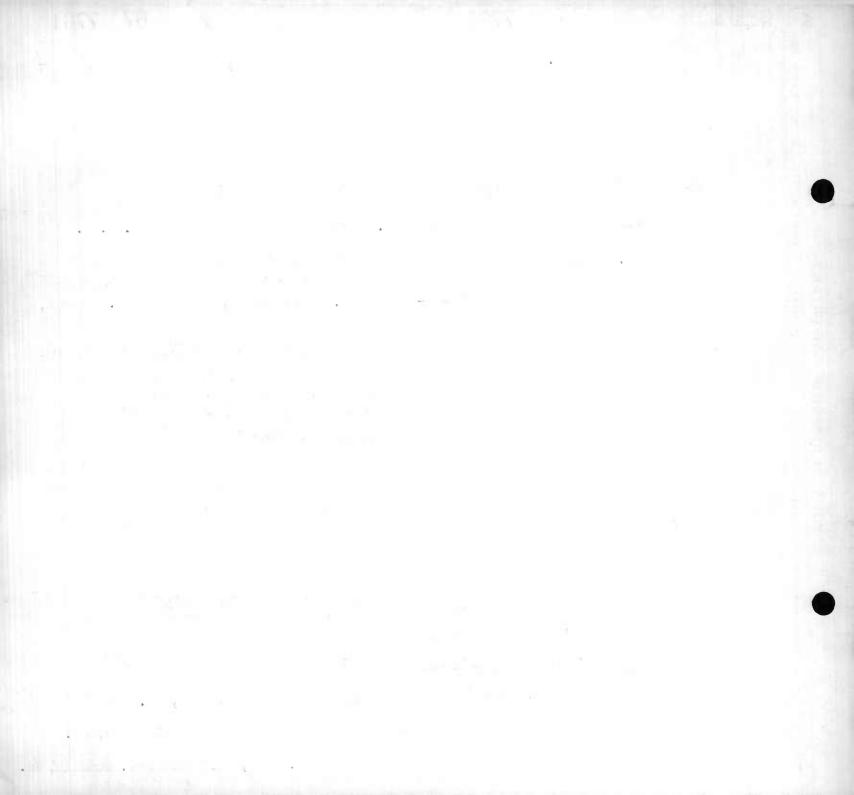
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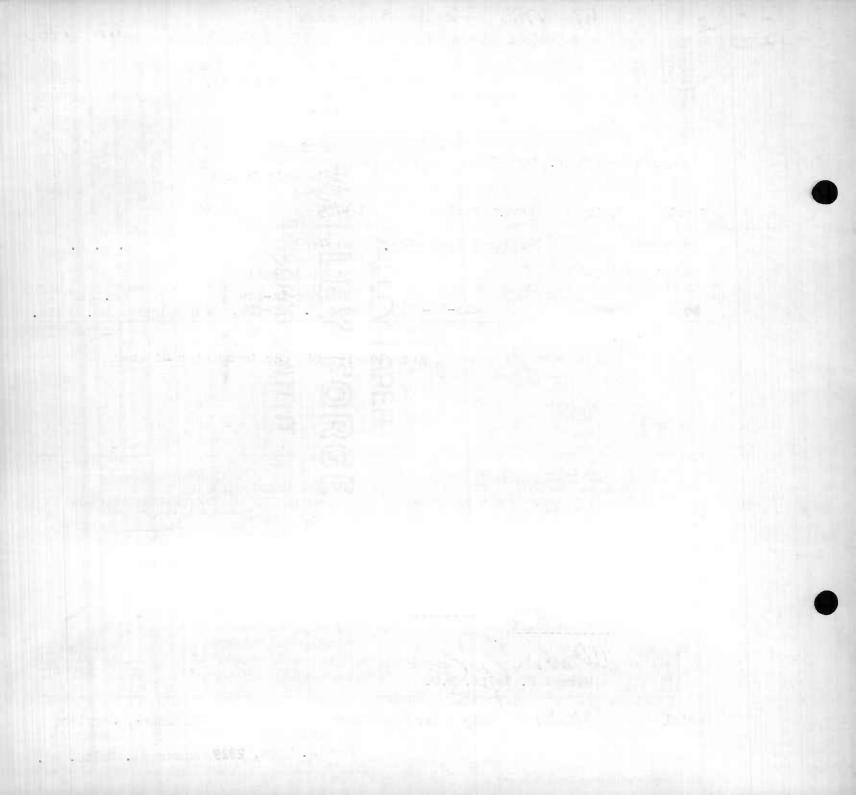
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	AME OF DEC	EASED			2. DATE AN	D HOUR OF DEATH	
Тур	e or Print)	William	C. Kenney	7	August	9, 1967	10 4
FI	ULL NAME OF DE	OF (If not in hose oddress or le	spitol or institutio	n, give street	A. STATE B. COUN Maryland	Baltimore	nstitution: residence before odmis
3/	Balti	more City	Hospital		Dundalk D. STREET ADDRESS (IF) 1723 Rita Roa	rural, give location)	53-00
Ma Ma	ale	White	WIDOV	ED, NEVER MARRIED WED, DIVORCED (specify) LTTIED		9. AGE (In years lost birthday) 63	If Under 1 Yr. If Under 24 Months Doys Hours Mi
lone	during most of	UPATION (Give kind of working life, even if red) 1 Retired	tired)	of Business or Industry lehem Steel Co.	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY? U. S. A.
	Willian	n T. Kenney			Ida Mae Mito		elyk neu
Yes,	Nos Deceased , no or unknown No	Ever in U. S. Arme	ed Forces? ir dotes of service	16. SOCIAL SECURITY NO. 212-07-8358	17. INFORMAN(Wife) Mrs. Alice Kenn	nev. 1723 R	Maryiand Lita Rd. Dundalk.
	(This does heart failure, injury ar car DISEASES	SE OR CONDITION LEADING TO DE nal mean the mod asthenia, etc. It in nplication which co ANTECEDENT CA DR CONDITIONS, e above cause	ATH le of dying, e. neans the disea aused death.) USES if any, givi	Se, (8) DUE TO	teriosclerolie (o	//	lan few minutes
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BIRTH NO.	MED	ICAL EX	XAMINER'S C	ERTIFICA	TE OF	DEATH Registe	red No. O	1/0
M.E. CASE NO.								
1. NAME OF DE (Type or Print) LILLIAN			STACHO	OWSKI 2. Date and Hour Pronounced Dead August 11, 1967 9:10 A.) ^	
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admis A. STATE B. COUNTY Maryland			
FULL NAME OF HOSPITAL OR NITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TO	WN (If autsid	de carparate limits, write	RURAL and give to	wnship)
Church Home & Hospital (DOA)			Baltimore D. STREET ADDRESS (If rurol, give locotion)					
			2616 Fait Avenue					
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)		B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under lost birthdoy) Months Doys Hours						
Female White Never Married DA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDU			1/9/05		62			
	UPATION (Give kind of wor working life, even if retired)			111. BIRTHPLACE	(Stote or forei	gn country)	12. CITIZEN OF WHAT COUNT	TRY?
Charwom		Nation	al Bank Bldg.	Maryla		E	U.S.A	•
	Stachowski			Anna St				
. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL				ADDRESS, 03	005
No No	If yes, give wor or dote	es of service)	219-30-6345	17. INFORMANT	er-in-L	aw 7901 0 7	ADDRESS d. 21	207
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1B. 112	211		CAUSE	OF DEATH				AND DEA
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ACTUA		21 5	7-1/	ASSISTANT A			DATE	SIGNED
SIGNAT EXAMI NAME (NER'S Werner	U. Sp.	tz, M.D.	ASSOCIATE			8/	11/67
3A. BURIAL CRI REMOVAL (Special Burial	MATION, 23B. DATE		oly Rosary Ce		23 D. L		ore, Maryl	(Stoto)
4A. DATE REC'D	AUG 15 196	24B. NAME	OF REGISTRAR & E. Farloura	24C. FUNE	RAL DIRECTOR		ADDRESS	
		- Morre	M C' datashy	. "7	7 7,000	The Hudson	Du. Dall	· Md
/S 151-REV. 1/1.	/65	of.		4				



	pe ar Print) B	ertha Zielin	ski	2. DATE A	ND HOUR OF DEATH	2 3:2		
3. P	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (WHA, STATE B. COU		institution: residence before or		
F	FULL NAME O		or institution, give street	Maryland		•		
- 11	HOSPITAL OR	oddress or location		C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
		n the Pines lair Rd.	Belaire	Baltimore D. STREET ADDRESS (If rurol, give location)				
		re. Md. 2120	6	1110 S. Bouldin St. 21224				
5. S		6. RACE White	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	8. DATE OF BIRTH Aug. 26, 1889	9. AGE (In years lost birthdoy) 77	If Under 1 Yr. If Under Months Doys Hours		
done		working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTI	Poland	eign country)	12. CITIZEN OF WHAT COUNTRY?		
13. [FATHER'S NAM	ΛE		14. MOTHERS MAIDEN NA	AME			
	Joseph	n Buczkowski		Josephin	e ?			
15. V (Yes	s, no or unknown	Ever in U. S. Armed Ford	s of service) 16. SOCIAL SECURITY NO. 213-16-3054	17. INFORMATION (Daniel Lor		o. Md. ADDITIZZL		
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		plication which caused		. 25 0				
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	,	ANTECEDENT CAUSES	(B) C)	Regarded Str	workwood	***************************************		
	DISEASES C	R CONDITIONS, if		nersbyed Cirle	worken	***************************************		
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NO	DISEASES Crise to the UNDERLYING	OR CONDITIONS, if a above cause (A) condition last.	Stating the (C)	nersbyd Virle	innhoni			
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DICAL CERTIFIC	DISEASES CONTINUE TO THE DISEASE OR 19A. DATE OF CONTRIBLUTE DEATH (notily 21D. TIME OF INJURY	PR CONDITIONS, if a bave cause (A) condition last. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING OPERATION 198. CON WAS PERFORM WAS UNDERLYING CAUSE OF	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED	20A. AUTOPSY? (Yes or N 20A. HITCHES DID office bldg., INJURY OCCUR? 21F. HOW DID IN	10) 208. IF YES, WERE IN CERTIFYING C.	AUSES OF DEATH?		
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MEDICAL CERTIFIC	DISEASES OF THE DESCRIPTION OF T	PR CONDITIONS, if a abave cause (A) a abave cause (A) a condition last. FICANT CONDITION SC CEATH BUT NOT RELACONDITION CAUSING I' OPERATION 198. CON WAS PERFORM WAS PERFORM CAUSE OF medical examiner! (Month) (Doy) (Year) that (I) (This hospital last saw the decease from the causes state of the causes of the causes of the cause of the causes of the cause	ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not W. Not W. Nork O attended the deceased from deceased from ed above. (I) (We) (did) (did not)	20A. AUTOPSY? (Yes or No. 1) and office bidg., INJURY OCCUR? 21F. HOW DID IN thile and the strength of the bady after death o	Old 208. IF YES, WERE IN CERTIFYING C. (II in Boltimo JURY OCCUR? 19 7 to	pre City, give exoct locotion) Similar death accurred on 23 B. DATE SIGNED		

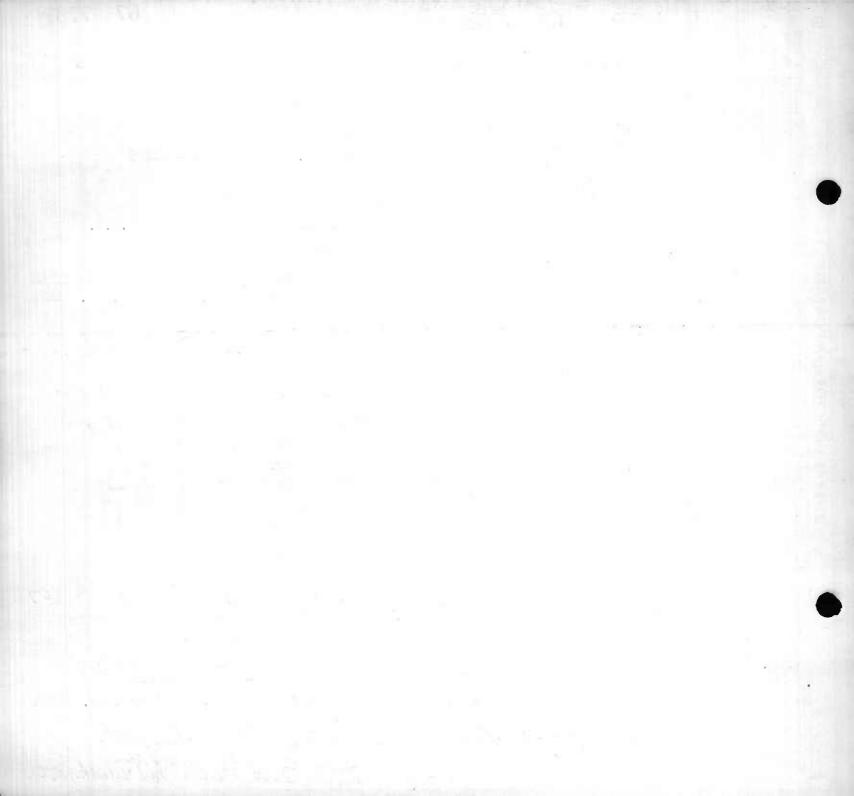
VS 150-REV. 1/1/65

Obberto E. SaberMA

John J. Duda, 2829 Hudson St. Balto. Md.

Ryantis Stephen Combied Orlination Dealton melition 0 /3/3 8/8 8/5/10 West B Bushy 8/1/8 . Ed. Early of parties of a govern to be on the

	NO.	01	//D/ CEDTIFICA	TE OF DEATH	Registered No.	67	1101
	CASE NO. ME OF DECEA or Print)	JOHN JOHN	H. HARRIS		ND HOUR OF DEATH		5-30
FU	ACE OF DEATH	oddress or location	or institution, give street	4. USUAL RESIDENCE (What is a state of the s	ere deceased lived. If i	li di	
,	31	4940 EASTER			rurol, give locotion) ER STREET -	21205	7
S S EX	ALE 6.	NEGRO	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	5/1/1869	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hours M
		ATION (Give kind of work king life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	MARYLAND	eign country)	12. CITIZEN OF WHAT COLUMN L.S.A	UNTRY?
13. FA	ATHERS NAME	JOHN H.	HARRIS	14. MOTHER'S MAIDEN NA ANNIE	ME		
		er in U. S. Armed Fore yes, give wor or date		17. INFORMANT RECORI 4940 Eastern			
l- i	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			uttiple CVA's ASCUD			eurs yrs.
ATI	TO THE DEA	TH BUT NOT RELA	TED TO THE	eneumotto	nare		
A	TO THE DEA	TH BUT NOT RELA ENDITION CAUSING I	TED TO THE COSTILLE	Preumotto 20A. AUTOPSY? (Yes or N NO		FINDINGS CONS	IDERED
AL CERTIFIC	TO THE DEADISEASE OR CO	TH BUT NOT RELA NDITION CAUSING I PERATION 19B. CON WAS PERF WAS UNDERLYING NG CAUSE OF	TED TO THE SOSILLE	NO	IN CERTIFYING C.	FINDINGS CONS AUSES OF DEATH	?
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MEDICAL CERTIFIC	TO THE DEADISEASE OR CO. 9A. DATE OF O. PA. ACCIDENT DEATH (notify m. P. D. TIME OF INJURY APPROX.) 2. I certify the	TH BUT NOT RELA NDITION CAUSING I PERATION 19B. CON WAS PERF WAS UNDERLYING CAUSE OF edicol exominer) Month) (Doy) (Yeor) of (I) (his hospitol st sow the decease	DITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, lorm, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While At North Work Dattended the deceased from and alive an angle of the street of the st	NO in or obout 21C, WHERE DID inffice bidg., INJURY OCCUR? 21F. HOW DID IN	JURY OCCUR?	AUSES OF DEATH	Plocotion)
MEDICAL CERTIFIC	TO THE DEADISEASE OR CO. 9A. DATE OF O. PA. ACCIDENT DEATH (notify m. P. D. TIME OF INJURY APPROX.) 2. I certify the	TH BUT NOT RELA DNDITION CAUSING I PERATION 19B. CON WAS PERI WAS UNDERLYING CAUSE OF edicol exominer) Month) (Doy) (Year) of (1) (Mis hospital st sow the decease rom the couses state M.	TED TO THE TO TH	INO in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN the	JURY OCCUR? 1967 to hot in (my) (our) op	AUSES OF DEATH	? locotion)



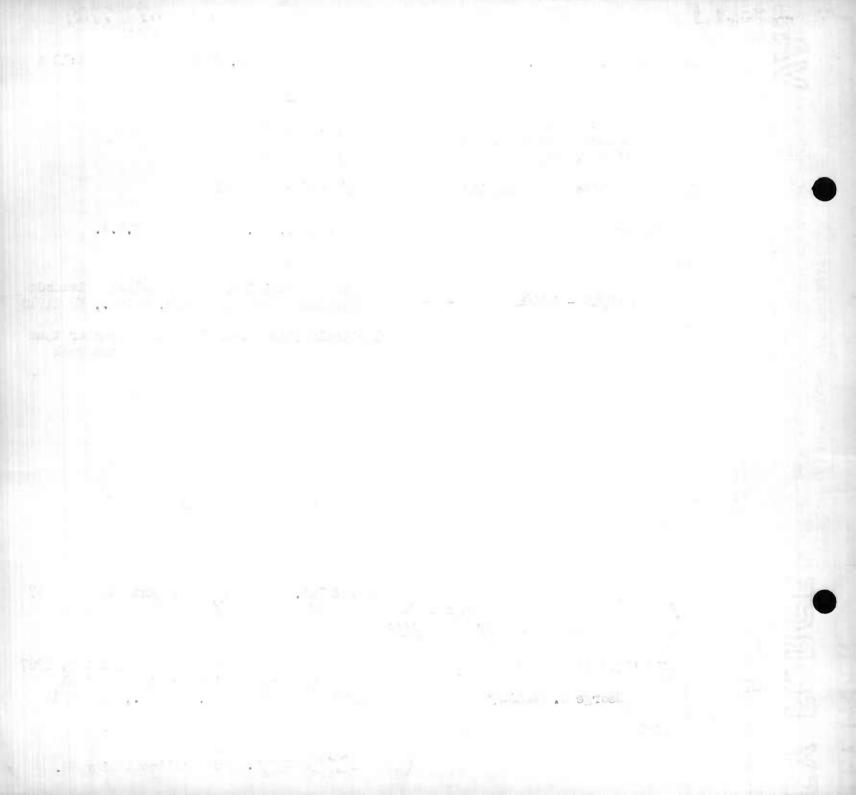
VS 150-REV, 1/1/65

Statistica of appointment of C. Remarks V 3/12/2 ceta- Pelama Mary Harphy and

a hospital

BIRTH NO.	67	11	69 CERTIFICA	TE OF DEAT	TH Regi	stered Na.	7769
M.E. CASE NO.	CEASED			2. DA	ATE AND HOUR	OF DEATH	
Type or Print)	HOUSE, HARRY	p			gust 9, 1		8:10 A
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	E (Where decease	ed fived. If insti	tution: residence before odmissi
				A. STATE B.	COUNTY		11 00
FULL NAME HOSPITAL OR	address or lacation	n)		Maryland	III outside situ	limite write P/I	RAL ond give township)
MOITUTITEM	eterans Admin	istrati	ion Hospital			minis, while KO	KAL OIII give lowiship)
777 3	900 Loch Rave	n Boule	evard	D. STREET ADDRESS	(If furol, give	location)	10 3 - 93
	altimore, Mar			700 0 7	1		
SEX	6. RACE	7. MARRIED	, NEVER MARRIED	B. DATE OF BIRTH	nbia Road	n yeors	If Under 1 Yr If Under 24 I
Male	White		ED, DIVORCED (specify)	8/30/95	lost binho		Months Doys Hours Min
	CUPATION (Give kind of work f working life, even it retired)	k 10B. KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country	y)	12. CITIZEN OF WHAT COUNTRY?
	actor	Reti	ned	Laurel	Md.		U.S.A.
FATHER'S NA		Treo	T Ca	14. MOTHER'S MAIDE			0000110
Henry B	House			Laura Mac	Abee		
. Was Decease	d Ever in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	3	Adam IIa	ADDRESS De annote
Yes	4/26/18 - 6/		212-32-3165A	Veterans Ad			
1B. 4 7	14/20/10 - 0/	1/42	CAUSE O	F DEATH	taven Bou	mevara,	Balto . Md 212
400	SE OR CONDITION DI	BECTLY					ONSET AND DEATH
Distr	LEADING TO DEATH	KECILI		eriosclerot:	ic Heart	Disease	greater than
	not mean the mode of					••••••	one week
	eorl foilure, asthenia, etc. It meons the disease, njury ar camplication which coused death.)						
	ANTECEDENT CAUSES (B)						
DISEASES	DUE TO						
	DISEASES OR CONDITIONS, if any, giving ise to the obove cause (A) stating the (C)						
UNDERLYIN	INDERLYING CONDITION IOSI.						
	- 11						
OTHER SIGN	DEATH BUT NOT REL						
DISEASE OR	CONDITION CAUSING	IT.		TAX			
19A. DATE O	F OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Ye	s or No) 20B. IF	YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
214 400	PAIT MARK HALL BELLINGS	1	0.01.405.05	Yes			
OR CONTRIB	ENT WAS UNDERLYING TO CAUSE OF	ho	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of	fice bldg., INJURY OCC	DID (CUR?	It in Baltimore	City, give exact location)
	y medicol exominer	ete	C.J				
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21 F. HOW D	TO INJURY OCC	CUR?	
(APPROX.)			hile At Not While At Work	e 🗌			
22 1	wahaa A) (ahin han-in-			ugust 1st.	19 67	Ano	ust 9th 19 67
							an death occurred an the
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		ted abave.	(A) (Me) (qiq) (qiq) v	iew the bady after d	leath.		
23A. SIGNAT	,40				6. 0		3B. DATE SIGNED
G:	eorgs W G	affre	M.D. Atte	mding Med. Director	Stoff Phys.		August 9, 196
23 C. PHYSICI	AN'S	//		23D. ADDRESS Vete:	rans Admi	nistrat	ion Hospital
	George W.	Gaffney					to., Md 21218
	EMATION, 248. DATE		AME OF CEMETERY OF CRE		24D. LOCATION		town, or county) (State
Buri	(Specify) 8/12/6	57	Crest Lawn		Alaha I		
	D BY HEALTH DEPT.		OF REGISTRAR	O Elibera At The	Alpha F	iowar'd	Maryland
A. DATE KEC'I	and the second second		OF REGISTRAK	21 C FUNEAAL DE	COL	J- 1077 -	ADDRESS
	AUG 1 5 1967	1 Calse	AMUSCULTA, STOL	diginboth	ome Slac	K TIII	cott City Md.

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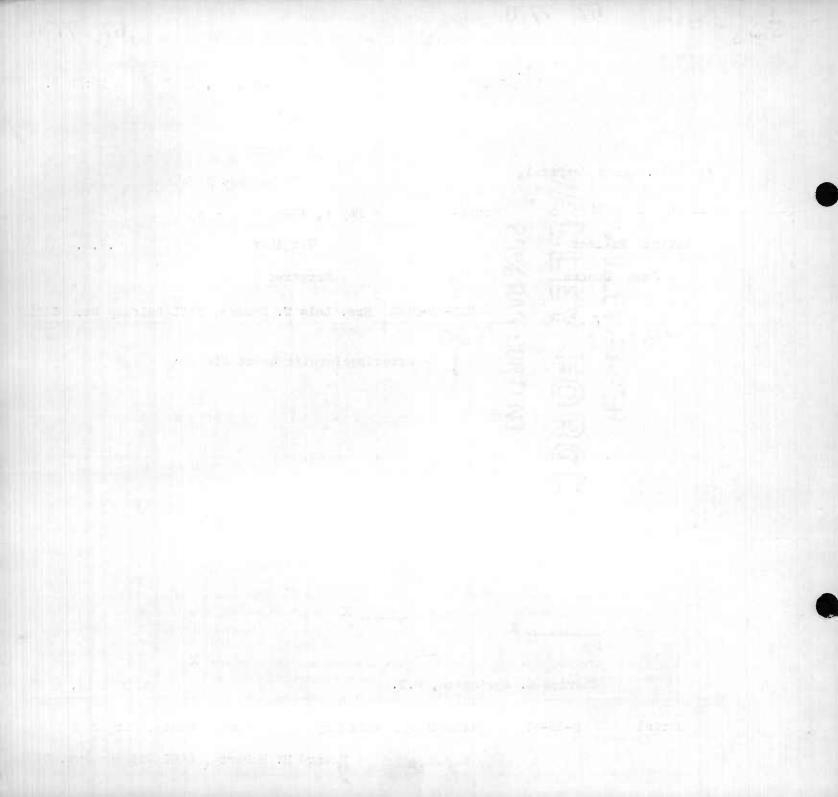


67 7770 BALTIMORE CITY HEALTH DEPARTMENT

67 7770

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered Na.	0
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M.E	CASE NO.								
1. NAME OF DECEASED (Type or Print)					2. DATE AND HOUR PRONOUNCED DEAD				
DEWEY DUNCAN						August 12, 1967	141.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION			A. STATE Maryland C. CITY OR TOWN (If autside corporate limits, write RURAL and give township)						
								St. Agnes Hospital	
				NIEWED AAADDIED	B. DATE OF BIRTH	372 Dulaney Street			
Mole WIDO WED,		DIVORCED(specify)	May 9,	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR IN done during most of working life, even if retired) Retired Painter			BUSINESS OR INDUSTRY	11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?			
	ATHER'S NA				14. MOTHER'S MA	9	0.0.11.		
		ohn Duncan	1,000			garet			
15, V (Yes	VAS DECEAS , no or unknow	ED EVER IN U.S. ARMED	s of service)	16. SOCIAL SECURITY NO. 233-09-5682	Mrs. Lola	a T. Duncan, 3372	Dulaney St. 21229		
ERTIFICATION	(This does head failure injury or co	ANTECEDENT CAUSE OR CONDITION DI LEADING TO DEATH not mean the mode of to, esthenio, etc. It means emplication which caused ANTECEDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S NG CONDITION LAST.	dying e.g., the discose, death.) S LNY, GIVING TATING THE	(B)	riosclerot	ic heart disease			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED					20A. AUTOPSY	(Yes of No) 208. IF YES, WERE FILL IN CERTIFYING CAUSES	NDINGS CONSIDERED SES OF DEATH?		
O	UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. hame etc.)	PLACE OF INJURY (e.g., , farm, foctory, street, o	in ar obout 21C. W	HERE DID (If in Baltimore City, gi	ve exoct location)		
	21D TIME OF INJURY (APPROX.)	(Month) (Day) (Yeo	V	WHILE AT NOT WORK AT W	WHILE	OW DID INJURY OCCUR?			
	22. I ce	rtify that I held an I	nquiry 🗌	InspectionAut	apsy X one	that an this basis, death In m	ny opinian		
	resu	Ited fram: Natural ca	uses X	Accident Suicid	e Hamici	de Undetermined mann	er		
	ACTUA		5.7	gal M.D.	ASSISTANT MI	EDICAL EXAMINER X	DATE SIGNED		
	NAME		S. Spr	ingate, M.D.	ASSOCIATE M	EDICAL EXAMINER	August 13, 1967		
	BURIAL CR		23	C. NAME of CEMETERY o	CREMATORY	23D. LOCATION (City,	, tawn, ar county) (Stote)		
	Buria		-67	Meadowridge	Cemetery	Howard Count	y, Maryland		
24A	. DATE REC'E	AUG 15 1907		OF REGISTRAR		AL DIRECTOR	ADDRESS Wilkens Ave. 21229		
VS	151-REV. 1/1	/65	-		1 1	0 0	*/		



NAME OF DEC		CERTIFICA	ATE OF DEATH	Registered Na.	67 7771
Type of Pant) WOOD	JOHN H.			UST 12, 19	967 h.h.E.P.
FULL NAME (HOSPITAL OR INSTITUTION	ATH IN BALTIMORE, MA	or institution, give street)	A. STATE B. COUN MARYLAND	e deceased lived. II in TY	stitution: residence before admiss
CATO	& WILKENS	AVES.		rural, give lacation)	NE
MALE	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) WIDOWED 10B, KIND OF BUSINESS OR INDUSTR	09=13=92	9. AGE (In years lost birthday) 74	II Under 1 Yr. If Under 24 Months Days Hours Min
RETIF	Working life, even if retired)	mm of Bosiness or INDOSIK	PENNSYLVANIA	4	U. S. A.
13. FATHERS NA	Annual Control of the	d (DEC ID)	MARY (DI	EC D)	
5. Was Deceased Yes, no ver English	(II yes, give war or date	5 75 UR 24 NO 8 48	3 ST. AGNES I		
DISEASES (1) IN DERLYIN OTHER SIGN TO THE DISEASE OR	ANTECEDENT CAUSES OR CONDITIONS, if of the obove couse (A) of CONDITION loss, IFICANT CONDITIONS CONDITIONS CONDITION CAUSING IT CONDITION CAUSING IT COPPRATION 198, CON	OUE TO Ony, giving stoling the (C) ONTRIBUTING TED TO THE	abetes hull		FINDINGS CONSIDERED
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19A. DATE OF	WAS PERF				USES OF DEATH?
U 21A. ACCIDE		21 B. PLACE OF INJURY (e.g.,	in ar about 21C, WHERE DID alfice bldg., INJURY OCCUR?		City, give exact lacotion)
U 21A. ACCIDE	NT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., hame, larm, factory, street, etc.)	21F. HOW DIO INJU	(II in Baltimare	
21A. ACCIDE OR CONTRIB DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we	WAS PERF NT WAS UNDERLYING UTING CAUSE OF medical examiner) (Manth) (Day) (Year) That (I) (this haspital) last saw the decease d fram the causes stat	218. PLACE OF INJURY (e.g., hame, larm, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not What Work At Work attended the deceased fram A d alive an AUGUST 12 ed abave. (I) (We) (did) (did nat)	21F. HOW DIO INJURY COURT 21F. HOW DIO INJURY UGUST 9 1 19 67 and the view the bady after death.	(II in Baltimare	UST 12 19 6
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	TH NO.	07	111	CERTIFICA	TE OF DEA	TH Registered No	67 7772
1, N	L CASE NO.			0	2. D	ATE AND HOUR OF DEATH	щ
Тур	e of Printil A	RLES	5741	RM	8	112/67-11	P. M.
3. F	PLACE OF DEA	ATH IN BALTIMORE, M	ARYLAND		4. USUAL RESIDENC	E (Where deceased lived. If COUNTY	institution: residence before admission)
F	FULL NAME O	F (tf not in hospito	l or institution,	give street	MARYLA	AND BALT	0.
	HOSPITAL OR	address or lacati	on)		C. CITY OR TOWN		RURAL and give township)
	21	110 CAL	160116	WARE HOSPITA			200
	010	BALT	MZ.).	D. STREET ADDRESS	(If rural, give locotion) RAMSAY	57.
. s	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
	MALT	WHITE	WIDOWE	D, DIVORCED (specify)	3/12/94		Months Doys Hours Min.
			rk 108. KIND O	F BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
one	Retired	working life, even il retired) Molder	1		MARY	LAND	21.5,1
3.	FATHER'S NAM	AE			14. MOTHER'S MAID		
	Jose	ph Sturm			ANNIZ	E SCHUL	TZIE
5. 1	Wos Deceased	Ever in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
fes	s, na ar unknown	(If yes, give war ar da	tes of service)	212-09-8870	Mr. Charles	A. Sturm, Sr.	300 Haile Ave. 212
	18. 42 D	0.01		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION D		00	NGESTIVE	HEART FAIL	URF 2 WEEELS
	(This dges n	of meon the mode		DHE TO			
	heort foilure,	osthenio, etc. It meon	s the diseose	10-53	- Purch - Put	IC HEART DIS	FACE
		ANTECEDENT CAUSE		(B) ARIZ	RIUSCE ROI.		
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4	19A. DATE OF		NDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Ye	s or No) 20B. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	0	WAS PE	RFORMED		NO	IN CERTIFYING C	AUSES OF DEATH?
ט	OR CONTRIBL	NT WAS UNDERLYING OTING CAUSE OF medical examiner		B. PLACE OF INJURY (e.g., i me, form, factory, street, a	n or obout 21C. WHERE thice bidg.	DID (If in Boltime	ore City, give exact location)
0	21 D. TIME	(Month) (Doy) (Year) (Hour) 211	INJURY OCCURRED	21 F. HOW D	OID INJURY OCCUR?	
	OF INJURY		w	hite At Not Whil		NO INTOKY OCCOR.	
				ork At Work	UGUST 11	67 11	46 UST 12 1967
		that (1) (this hospite		AUGUST /	2 67		
	All research	last sow the deceos			70,00		pinian deoth occurred on the dot
			oted obave. (1) (We) (did) (did not)	riew the body ofter o	deoth.	DATE SIGNED
0	23A. SIGNATU	DA DE COM	97	M.D. Atte	ending Med.	Stoff P	23B. DATE SIGNED
-	22C BUYELOLA	V. /		Phy	s. Directo	Phys.	061-10"
	PANE IT	(anu)	GACAR		ZAANA	LIN SQUA	RE HOSPITAL
24A	BURIAL CRE		24C. N	AME of CEMETERY of CR	EMATORY	24D. LOCATION	City, town, or county) (State)
	Burial	8-16-6	7 Lo	oudon Park Cem	etery	Baltimore, M	aryland
25A	. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DI	RECTOR	ADDRESS
		AUG 1 5 196	1 020	B. E. Fachoris	Howard H	Hubbard, 410	7 Wilkens Ave. 2122
/S	150-REV. 1/1/e	35		7 1 7			

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) FRIEDMAN Aug-13 1967 M

14. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

15. STATE

16. COUNTY

17. STATE

18. COUNTY

19. STATE

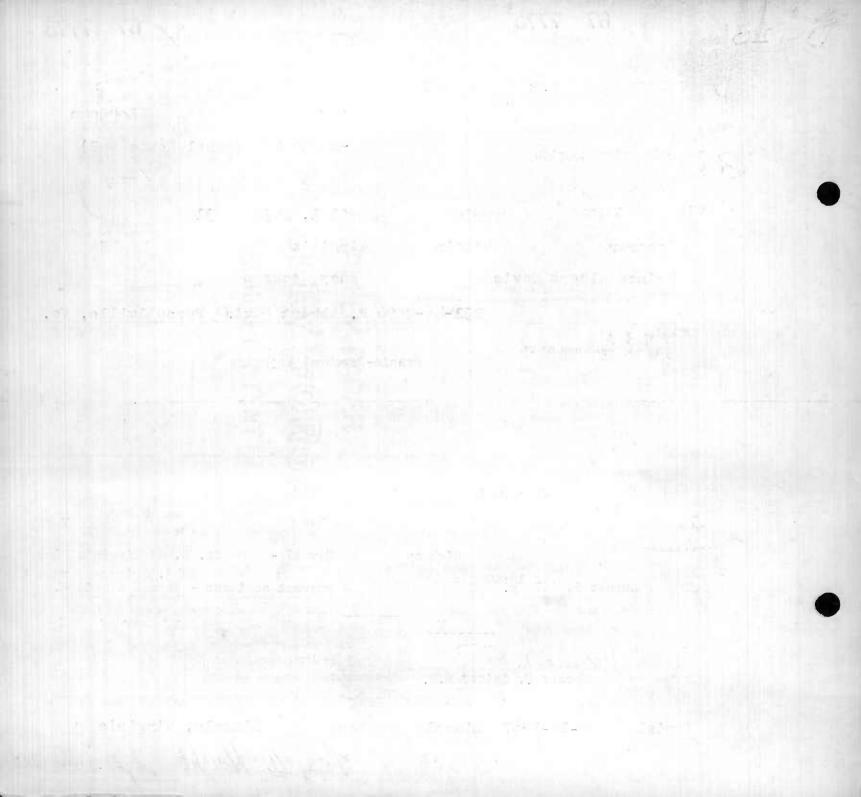
19. STA BRAHAM C. CITY OR TOWN (If out (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION BALTIMORE (If turol, give location 806 is made. DNQ 7. MARRIED, NEVER MARRIED 9. AGE (In years) 5. SEX 6. RACE 8. DATE OF BIRTH If Under 1 Yr. Months: Doys Il Under 24 Hrs. Hours WIDQWED, DIVORCED (specify) lost birthdoy 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1906 AN 26 11. BIRTHPLACE (State or foreign country 2. CITIZEN OF or final disposition WHAT COUNTRY? done during most of working life, even if retired) USa SCHOOL

13. FATHER'S NAME BALTO MI MD MOM 101 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO 214-40-4123 LEAH AME INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 0 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) DEATH (notily medical examiner) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While [(APPROX.) At Work Work 22. I certify that (I) (this bospital) attended the deceased fram that (I) (we) last saw the deceased alive on. and that in (my) (aug) apinian death accurred an the date and have and from the causes stated abave. (1) (We) (did nat) view the body after death. must 23B, DATE SIGNED 23A. SIGNATURE Attending Phys. Med. written approval Director 23C. PHYSICIAN'S 23D. ADDRESS NAME Type 24A. BURIAL CREMATION, 24C. NAME of CEMETERY of CREMATORY 248. DATE 24D. LOCATION REMOVAL (Specify) ISRAEL BURIAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS V\$ 150-REV. 1/1/65



67 7775 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 77775

BIRTH NO.	MED	ICAL EX	AMIINER 3 C	EKTIFICA	IE OF DEATH Reg	Stered No	
M.E. CASE NO.	CFASED		***************************************		2. DATE AND HOUR PRONOU	NCED DEAD	
(Type or Print) SHIRI		EE	DAVIS				2.30 4
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESID A. STATE Virgin	August 11, 19 ENCE (Where deceosed lived, II B. (institution: resi	2:30 A. M, idence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOV	WN (If outside corporate limits,	write RURAL o	and give township)
8 Univ	versity Hospit	al		D. STREET ADDI	11ville (Rural RESS (If rural, give lacation)	Route	# 2)
5. SEX	6. RACE	7 MARRIED	NEVER MARRIED	BOX 8		- 1K U-da	r 1 Yr. If Under 24 Hrs.
Male		WIDO WED,	DIVORCED(specify)		last birthday)	Months	Doys Hours Min.
	Negro	Mar	riod Business OR INDUSTR	April 1	1936 31 (State or foreign country)	12. CITIZ	EN OF
	working life, even if retired)	Abh	atoir	Virgin	1 a		USA
13. FATHER'S NA		J. AUC	JA UOII	14. MOTHER'S M	AIDEN NAME		USA
Pri	nce Albert	Davis		Nancy	Jackson		
	ED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	S
No			231-48-209	P. Alb	ert Davis Pur	cellv:	ille, Va.
CTHIS daes heart foilure injury or conjury o	ANTECEDENT CAUSE OR CONDITION DI LEADING TO DEATH not mean the mode of c, osthenio, etc. If meons implication which coused ANTECEDENT CAUSE OR CONDITIONS, IF AS NG CONDITION LAST. II SINIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	dying e.g., the disease, deoth.) S .NY, GIVING FATING THE CONTRIBUTIN	(B)	o-Cerebra	1 Injuries		ONSET AND DEATH
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21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Year August 5, '6	10.40	HILE AT NOT AT W	21 F. H.C	vent accident -	bj. dri	ver swerved t
ACTUA SIGNAT EXAMIN	VER'S Werner	uses A	Inspection Autoccident Suicid	opsy X once Homici CHIEF MI ASSISTANT MI	I that an this basis, death i	n my apinla	
NAME (23A. BURIAL CRE REMOVAL (Specif	Type) MATION, 23B DATE	Y	C. NAME of CEMETERY o	CREMATORY	23D. LOCATION (C	City, town, or	county) (Stote)
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	AUG 1 5 1967		& E. Failum	Alan	ry (1) Haight	· Lu	Residle M
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(Type ar Print)	WILMER BARNI	ES			-12-67	1 3.35 AM
FULL NAM HOSPITAL INSTITUTIO	OR address at lacation	ar institutian, g n)	ve street	A. STATE B. CO Maryland C. CITY OR TOWN (IF Baltimor	autside city limits, write e (If rural, give lacation)	institution: residence befare admission
5. SEX	6. RACE	WIDOWED	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 6/30/06	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 H Manths Days Haurs Min.
	CCUPATION (Give kind of wark st of working life, even if retired) ntendent	Marr			areign cauntry)	12. CITIZEN OF WHAT COUNTRY?
13. fathers Wi	NAME lmer Barnes			14. MOTHERS MAIDEN N Minnie Sch	IAME	
Yes, no or unki	ased Ever in U. S. Armed Far awn) (If yes, give war ar date W W 2	ces? s of service)	6. SOCIAL SECURITY NO. 215078430	Mrs. Eveleyn	Barnes	ADDRESS Same
(This do hearf foil injury or DISEASE rise fo	EASE OR CONDITION DIF LEADING TO DEATH is not mean the mode of ure, ostheria, etc. If means complication which coused ANTECEDENT CAUSES S OR CONDITIONS, if the above couse (A) (ING CONDITION last.	dying, e.g., the disease, death.)	(B) CO	ronary Rear	A Risean	- 3 years
_	- 11					
DISEASE TO THE DISEAS	DENT WAS UNDERLYING	TED TO THE T. DITION FOR W FORMED	HICH OPERATION	20A. AUTOPSY? (Yes ar y \$5	Na) 20B, IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
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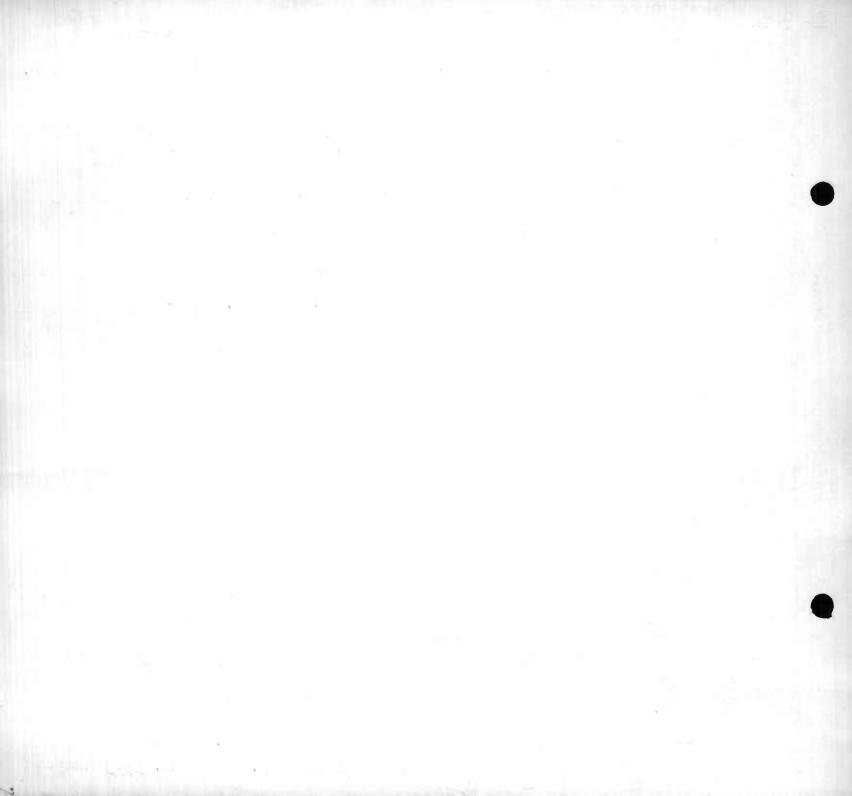
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FERMAND CAMOND

BIRTH	NO.	6	7 77	//	TE OF DEATH		67 7777
	ASE NO.	ASED			2. DATE	AND, HOUR OF DEATH	
(Type	or Print)	בומוסקונדב	Acupa	ERA		8/13/67	7:10P
3. PLA	CE OF DEA	TH IN BALTIMORE	MARYLAND	CEN	4. USUAL RESIDENCE (Where deceased lived. If in	nstitution; residence before admission
EIII	L NAME OF	Uf not in bosni	ital or institution	a grue street	MARYLAN		
HO	SPITAL OR	oddress or loc	otion)				RURAL ond give township)
114.3	IIIOIION	MARYLAND	GENER	AL HOSPITAL	BALTIM		2200
1	10				D. STREET ADDRESS	(If rural, give location)	7 09
7			219-01		4204 LOC	H RAVEN BL	UD.
Fer Fer	nale	white	WIDOW	D, NEVER MARRIED (Specify) dowed	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
			work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF
11	A	orking life, even if retire	od)	-	Baltimo	re, md.	WHAT COUNTRY?
	THERS NAM	Α.	_		14. MOTHER'S MAIDEN	,	4077
			11.0n)		NE SECONE /	Nontomuna
	ter A		1	-		TE ASSOCIATE /	
5. Wo Yes, no	s Deceased or unknown)	Ever in U. S. Anned (If yes, give war ar	Forces? dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No						
18.	9	^ / I		CAUSE C	DE DEATH		INTERVAL BETWEEN
1.	DISEASI	OR CONDITION	DIRECTLY				ONSET AND DEATH
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		of mean the mode					
		plicotion which cou		,			
	A	NTECEDENT CAU	SES	(B)			
D	ISEASES O	R CONDITIONS,	if ony, givin				
fis	se to the	obove couse (~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		***************************************
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	A. DATE OF	OPERATION TABLE		R WHICH OPERATION	20A. AUTOPSY? (Yes o	r Nol 208. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC 19			PERFORMED	WHICH OFERATION	No	IN CERTIFYING CA	USES OF DEATH?
U 21	CONTRIBU	T WAS UNDERLYING CAUSE OF medical examiner)	h	1B. PLACE OF INJURY (e.g., ome, form, foctory, street, otc.)	n or obout 21 C. WHERE DI	O (If in Boltimore	e City, give exact lacotion)
0 21		(Month) (Day) (Ye	ear) (Hour) 2	1E INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
>	PPROX.)			While At Not Whi	le		
	•			Vork At Work			
				the deceased from			Jugust 13, 1967
the	at (I) (we)	last saw the dece	ased alive or	August 1	3, 1967 on	d that in(my) (aur) opl	nian deoth accurred on the da
on	d hour and	from the cooses :	stated obave.	(We) (dld not)	view the body after dec	oth.	
	A. SIGNATUR		1	2 1			23B. DATE SIGNED.
		18 61	15	M.D. AH	ending Med.	Stoff	8/13/67
23	C. PHYSICIAN	45). [100	Phy	23D. ADDRESS	Phys.	0/
-5	NAME (Ty	pel O	1 1 1	RAON M.D.	Therelos	- 1 General	thenit 1
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	EMOVAL (S	AATION, 24B. DATE		NAME of CEMETERY OF CR		LOCATION (C	ity, town, or county) (State)
/	Burial	. 8/1	17/67	Holy Redeeme	r (em.	Baltimore,	Maryland
25A. D	ATE REC'D	AY HEASTH DEPT	25B. NAM	E OF REGISTRAR	25C. FUNERAL DIREC	CTOR	ADDRESS
	1	100 10 100	Marie	U. E. Stalkey Ma	7 Leonard	1. J. Ruck In	c. 5305 Hartore
/\$ 150)-REV. 1/1/6	5					0

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	CM M	BALTIMORE CITY	HEALTH DEPARTMENT	10	סמיומיו מיים
	н но.	CERTIFICA	TE OF DEATH	Registered Na.	6/ ///8
1. N	AME OF DECEASED	1 1	2. DATE AN	D HOUR OF DEATH	
Тур	e or Print Constable (1	Jarlos B	8-1	3-67	A
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	iwi ica	4. USUAL RESIDENCE (When	e deceased lived. If inst	itution: residence before odmissi
	THE NAME OF THE PARTY ROUGH OF STREET	in an about	Manulan	1 306	2 P. 53-00
F	ULL NAME OF (If not in hospital or instituted oddress or location) NSTITUTION	ion, give sweet	C. CITY OR TOWN, Ill out	side city limits, write RL	JRAL and give township)
1	1 11 01 10 10	1 1/2	Baltime	re	# 21234
N	lorth Charles Gene	rai rrusp,	D. STREET ADDRESS (III	rural, give location)	0 0
		V	82 31 15	on Uir	Koad
. 5	EX 6. RACE 7. MARI	RIED, NEVER MARRIED OWED, DIVORCED (specify)	- 1	9. AGE (In years	If Under 1 Yr. If Under 24 I Months Doys Hours Min
	Nale W u	idowed	8-8-86	81 415	
	USUAL OCCUPATION (Give kind of work 10B, KIN) during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn countril	12. CITIZEN OF WHAT COUNTRY?
1	retired Gle	on L. Martin	Harulan	1	1150.
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A'E	M. P. J. J.
	Canetable M	TANTER	Gibenn	1 ann	
5. \	Nos Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	Lara	ADDRESS
res	i, no or unknown) (If yes, give wor or dotes of servi	SECURITY NO.	3 Mrs. Janet	M. Sipe-	Como
	ges www.	CAUSE C	F DEATH	es. supe-	INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECTLY	071002	, DEATH		ONSET AND DEATH
	LEADING TO DEATH	w C.O.	RCINOMA OF TH	HE LUNG	3 MONTH
	(This does not mean the mode of dying,	e.g., DUE TO	<u> </u>	/	\$ 0400 man 0 0400 0400 070 0 070 0 070 0 0 0777
	heart loilure, asthenia, etc. It means the dise injury ar camplication which coused death.)	ase,			
	ANTECEDENT CAUSES	(B)		· · · · · · · · · · · · · · · · · · ·	~ · · · · · · · · · · · · · · · · · · ·
	DISEASES OR CONDITIONS, il ony, gi	OUE TO			
	rise to the above couse (A) stoling				
	UNDERLYING CONDITION last.				
N O	OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING			
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No		NDINGS CONSIDERED
RTIFIC	WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
Ü	2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or about 21 C. WHERE DID	(If in Baltimore	City, give exact location)
CAL	DEATH (notify medical examiner)	elc.)			
_	21 D. TIME (Month) (Doy) (Year) (Hourt	21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
8	OF INJURY (APPROX.)	While At Work At Work			
	22 1	1	7 70	1967 10	8-13 106
	22. I certify that (i) (this hospital) attend	0-13	2 /27		0-10 19 0
	that (I) (we) last saw the deceased alive			at in (my) (aur) apin	ian death accurred an the
	and haur and fram the causes stated abav	'e. (1) (We) (did) (dld nat)	view the bady after death.		
	23A. SIGNATURE TO A SAM	44 D AH	ending Med.		23B. DATE SIGNED
	No detail	M.D. Att	rs. Director	Stoff Phys.	8 //3/6/
	23C. PHYSICIAN'S NAME (Type)	11 111	23D. ADDRESS	2/4/10	- 11010
		1 don lottonia	184-8 111.	361051	1 / -/ X
	Goldneier She	(AUI) (AIITHING	1010 001	00 01.	21010
24A	Goldgeier She	IC. NAME OF CEMETERY OF CO	EMATORY 24D. LO	OCATION (City	, lown, or county) (State
1	BURIAL CREMATION, 24B DATE 24 REMOVAL (Specify)	n 1 16			
E	Goldgeier She	Parkwood (em	etery Ba	lto. Maryl	Land ADDRESS
E	BURIAL CREMATION, 24B DATE 24 REMOVAL (Specify) BURIAL CREMATION, 24B DATE 24 BURIAL Specify 8/16/67 L. DATE REC'D BY HEALTH DEPT. 25B. NA	Parkwood (em	etery Ba	lto. Maryl	Land ADDRESS
SA	BURIAL CRENATION, 124B DATE 124 Surial (Specify) 8/16/67	Parkwood (em	etery Ba	lto. Maryl	land



FUNERAL DIRECTOR: IMPORTANT

	AME OF DEC	Donald	1	Bond		. 12,1967	2130 2
		ATH IN BALTIMORE, MA			4. USUAL RESIDENCE W	here deceased lived. If	institution: residence before admiss
Н	TULL NAME OF HOSPITAL OR NSTITUTION	OF (If not in hospital address or location	l aı institutian, (on)	give street	C. CITY OR TOWN (II	autside city fimits, wie	RUBAL and give township)
C		Greencrest	Road		D. STREET ADDRESS Gr	re (If rural, give lacation) eencrest R	oad 34
5. SI	ex ale	6. RACE		NEVER MARRIED DIVORCED (specify)	6/4/12	9. AGE (In years last bighday)	If Under 1 Yr. If Under 24 Months Days Haus Mir
done		UPATION (Give kind of war		BUSINESS OR INDUSTRY	Woodlawn M		12. CITIZEN OF WHAT COUNTRY?
13. F	Clare	nce Bond			14. MOTHER'S MAIDEN N Esther G		
Yes,	Was Deceased in a crypikna who	Ever in U. S. Armed Fa	les of service)	27 - UT -718	Mrs. Fra	nces E. Bo	nd Same
	18.42	0.11		CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION DI		0		. 0	
		nal mean the made a asfhenia, efc. If mean		DUE TO	To the same of the	alancea.	140
		nplication which cause			- 11		
				0.4	. 2/ 2-		
		ANTECEDENT CAUSE		(B) anto	rincht	- CV disc	
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ATION	DISEASES (rise to the UNDERLYING	OR CONDITIONS, if a bave cause (A)	any, giving stating the	(C)	uind t	_ CV duse	
RTIFICATION	DISEASES (rise to the UNDERLYING) OTHER SIGNITO THE DISEASE OR	DR CONDITIONS, if e abave cause (A) G CONDITION last. II IFFCANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING OPERATION 198. COI	contributing ATED TO TH	(C)	20 A. AUTOPSY? (Yes or		E FINDINGS CONSIDERED AUSES OF DEATH?
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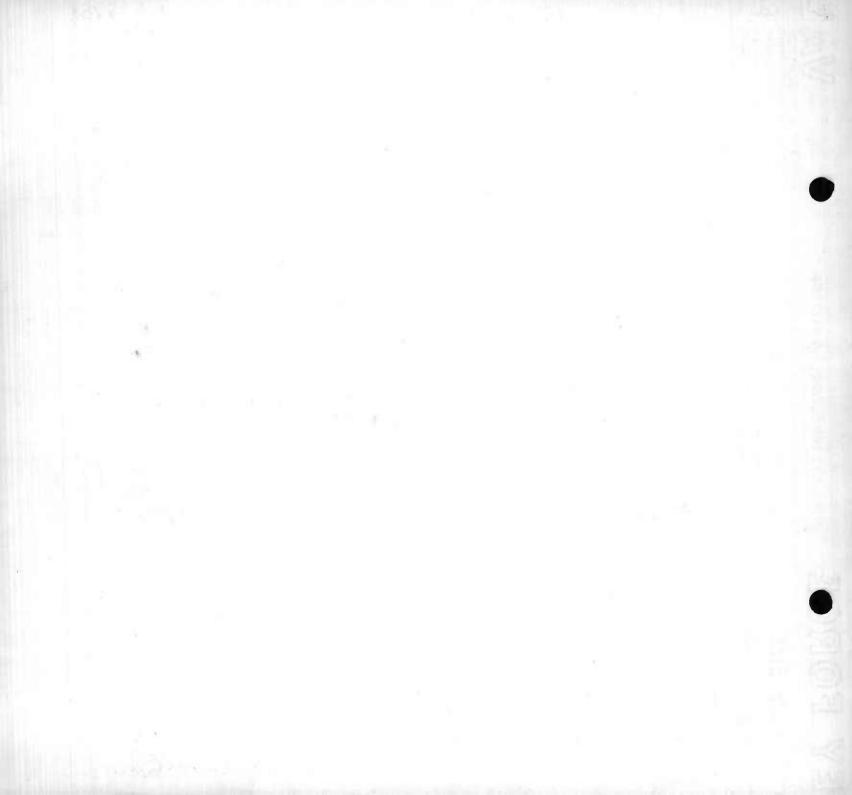
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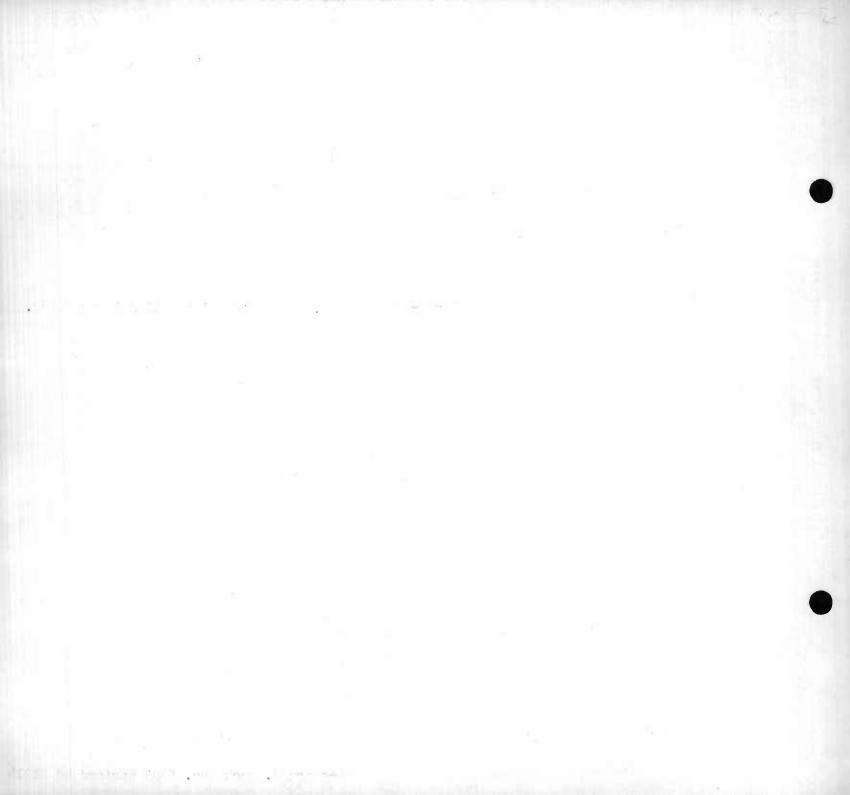
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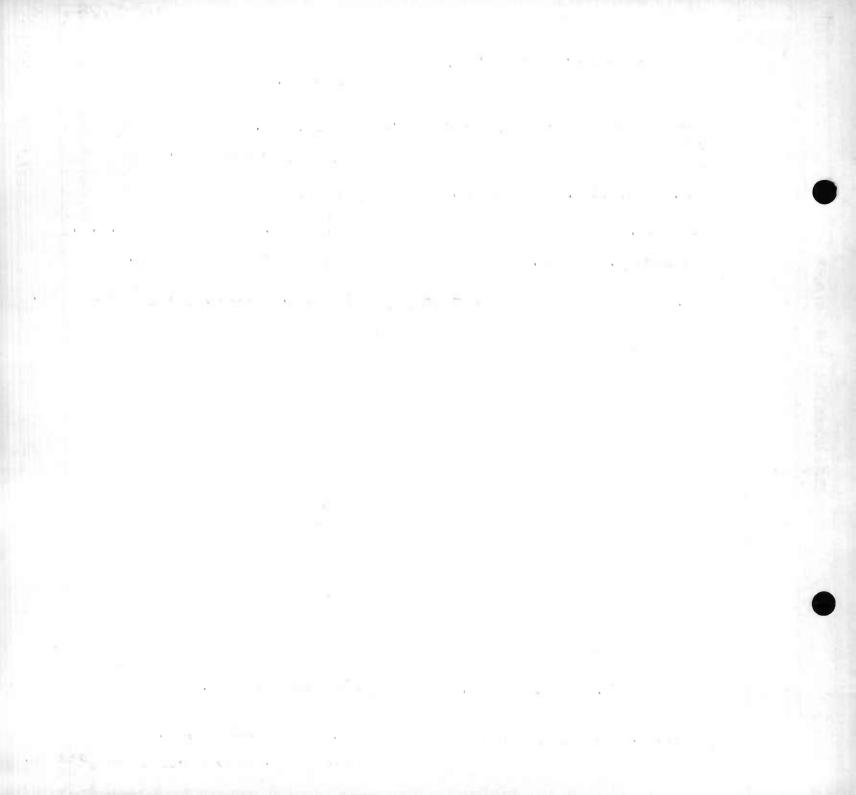
M 1.	RTH NO. LE CASE NO. NAME OF DECEASED (pe or Print) Mr. George Stein (STEIN)	ATE OF DEATH Registered No. Or OSCILLATION 12. DATE AND HOUR OF DEATH 89/1/1567
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before A. STATE B. COUNTY Md. Baltimare
	HOSPITAL OR oddress or location) A Hood Ronv. Home	C. CITY OR TOWN (If outside city limits, whe RURAL ond rive townshi
-	10.	2411 Jeff erson St.
	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED. A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	8. DATE OF BIRTH OFFICE 1, 1884 9. AGE (In years Months Doys Hours
do	ne during most of working lile, even if retired AFG Mans Pagama Coy.	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY LJ. S. A
13	LOGIS Stein	14. MOTHERS MAIDEN NAME Gam?
1.5 (Y	Wos Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 215_03_6450	17. INFORMANT ADDRESS ALAMAS ADDRESS ALAMAS ADDRESS
almed or final	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	John H. Herold 1508 1st National Bank OF DEATH Preumon S Aug.
s are emba	heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the	
NOIL	UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	His Atheloschusss
ore the	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
2 147	278. PLACE OF INJURY (e.g., OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	, in or obout 21 C. WHERE DID (If in Boltimore City, give exact location office bldg., INJURY OCCUR?
AAFDI	21D. TIME (Month) (Dov) (Year) (Hour) 21E INIURY OCCURRED	21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on South ond hour and from the causes stated above. (I) (We) (did) (did not)	1967 ond that in (my) (our) opinion death occurred
	23A. SIGNATURE Aonnez M M.D. A	Attending Med. Staff Phys. 23B. DATE SIGNED 8/11/67
	23C. PHYSICIAN'S ADVAN SONMEZ M.E	. 1011 Frederick Road.
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	
	Burial 5/15/67 Loudon Park A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	Baltimore Maryland ADDRESS



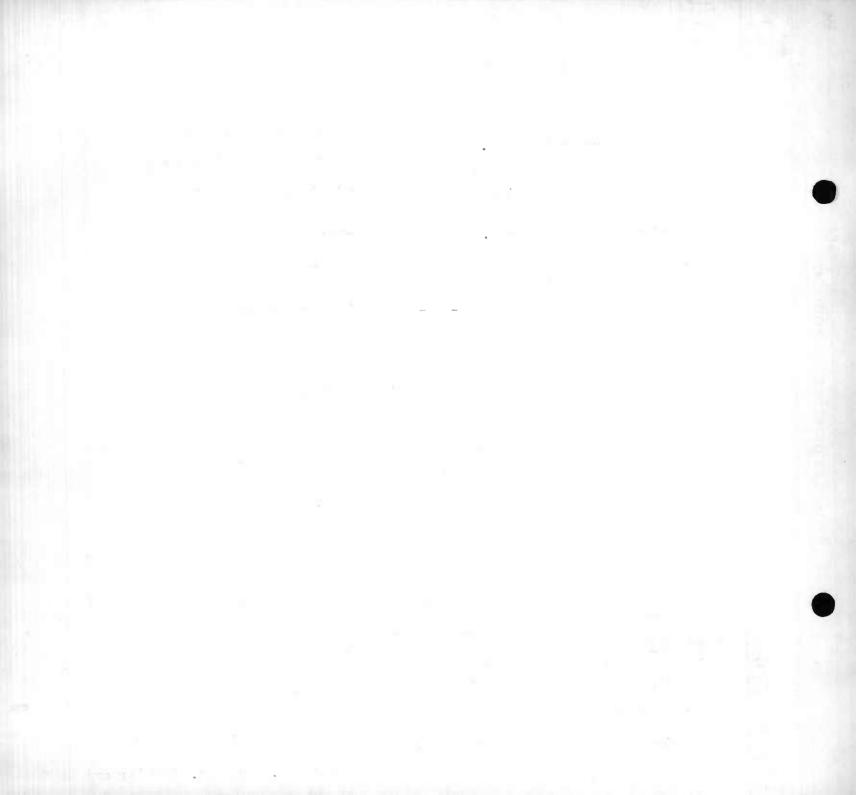
JAT FILL DA COLLEGE TAL

L.T. JEC.T.

	67 7785	TE OF DEATH Registered No	67 7785
INA	ME OF DECEASED or Print Rudolph J. Zerner. Sr.	2. DATE AND HOUR OF DEATH	400 P.
	ACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If ins	stitution: residence befare admission)
HO	Oll NAME OF Old of in hospital or institution, give street oddress or location) Thouse in the Pines (Belair RD.)	C. CITY OR TOWN (If autside city limits, write R Baltimore. D. STREET ADDRESS (If rural, give location) 2908 Gibbons Ave.	7-06
SE Ma	AX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) White. Widower. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 3/12/1901 11. BIRTHPLACE (State or foreign country)	If Under 1 Yr. If Under 24 Hrs Manths; Doys Hours Min.
Su	during most of working life, even if retired)	Baltimore.	U.S.A.
1.	Rudolph G. Zerner.	Lollie Loretta Bagwe	ell.
Yes,	(as Deceased Ever in U. S. Armed Farces? 16. SOCIAL SECURITY NO. 212-12-6959	Lollie Loretta Bagwe 17. INFORMANT Joseph E. Zerner, 2908	Gibbons Ave.
1	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	B. H. Lung	INTERVAL BETWEEN ONSET AND DEATH 3 MMO.
	ANTECEDENT CAUSES ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last.		
ATIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE F	INDINGS CONSIDERED
7 2	PIA. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF hame, form, factory, street, a etc.) DEATH (natify medical examines)	n at about 21 C. WHERE DID (If in Battimare ffice bidg., INJURY OCCUR?	City, give exact lacation)
S (PTD. TIME (Manth) (Day) (Year) (Haur) 21 E. INJURY OCCURRED OF INJURY APPROX.) While At Wark At Wark	21F. HOW DID INJURY OCCUR?	
1	2. I certify that (1) (this hospital) attended the deceosed from hat (1) (we) lost saw the deceosed olive an lost saw the deceosed from the courses stoted obove. (1) (We) (did) (did not) with the courses stoted obove.		/
	rathan James Phy	ending Med. Staff Phys	23B. DATE SIGNED 8/12/67
2	Sc. PHYSICIANS NAME (Type) Dr. Nathan Janney. M.D.	7101 Harford Rd.	,
	BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 8/14/67 Burial. 8/14/67 Holy Redeemer 25B. NAME of REGISTRAR AUG 15 1967 Dei B. E. Jackette 50-REV. 1/1/65	C 011. M1	



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NAME C Type or Pr	OF DECEASED	W G3_		2. DATE AND HOUR		
	Ira	W. Sprin	iger	Aug. 11, 19		A
FULL N HOSPITA		or institution,	give street	A. USUAL RESIDENCE (Where decease A. STATE Md C. CITY OR TOWN (If outside city)	ed lived. It institutions re limits, write RURAL and	
He	ouse In The Pine	s Nursin	ng Home	Baltimore D. STREET ADDRESS (If rurol, give	27-	-18
10		Belve	dere	3801 W. Garris	son Ave.	
Male		Marr		B. DATE OF BIRTH 9. AGE (In lost birthd	70 Months	
lone during F	L OCCUPATION (Give kind of wor most of working life, even it retired) Oreman		al Laboratory	11. BIRTHPLACE (Stote or foreign country Hagerstown, Marylar	WHA	ZEN OF AT COUNTRY?
3. FATHER	William Springe:	r		14. MOTHERS MAIDEN NAME Martha Swope		
5, Wes De Yes, no or u	eceased Ever in U. S. Armed Fo unknown) (If yes, give wor or dot W #1	rces? es of service)	16. SOCIAL SECURITY NO. 214-09-8215	Mrs. Alice Walker, 3	3721 W. Garr:	ison Ave.
1B.	3.50 XI		CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DE			2		2 Laus
heort	does not meon the mode of foilure, osthenio, etc. It meons of complication which caused ANTECEDENT CAUSE.	dying, e.g., the discose, d deoth.)	(A) DUE TO CONTROL TO	lens lerte Har	1 Demag	3 years
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NOTHE UNDER TO	does not meen the mode of feiture, esthenic, etc. It meens or complication which couses ANTECEDENT CAUSE: ASES OR CONDITIONS, if to the obove couse (A) ERLYING CONDITION tost. ER SIGNIFICANT CONDITIONS THE DEATH BUT NOT RELATE OF OPERATION TO THE DEATH SUT NOT RELATE OF OPERATION TO THE DEATH SUT NOT RELATE OF OPERATION TO THE DEATH SUT NOT RELATE OF OPERATION TO THE OPERATIO	dying, e.g., the disease, death.) ony, giving stating the contribution for the contribution f	WHICH OPERATION PLACE OF INJURY (e.g., ine, foctory, street, one) INJURY OCCURRED ille At Not While At Work	20A. AUTOPSY? (Yes or No) 20B. IF IN CER n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCC	YES, WERE FINDINGS THEYING CAUSES OF E	DEATH? e exact location)
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NOOLY DISEA rise UNDE TO 170 DISEA TO 170 DISEA TO 170 DISEA TO 170 DISEA TO 170 DE ATT OF IN. (A PPRO 170 DE ATT OF IN. (does not meen the mode of foilure, esthenic, etc. It meens or complication which causes ANTECEDENT CAUSE: ASES OR CONDITIONS, if lo the obove cause (A) ERLYING CONDITION lost. ER SIGNIFICANT CONDITION STHE DEATH BUT NOT RELATE OF OPERATION 179B. COUMAS PER COLORNY WAS PER COLORNY WAS PER (Month) (Doy) (Yearly Market Court of the Court of t	ony, giving stoting the CONTRIBUTIN ATED TO THIT. CONTRIBUTION FOR STORMED (Hour) 21E Who who will attended the dalive on steed above. (WHICH OPERATION PLACE OF INJURY (e.g., interpretation of the property of the	20A. AUTOPSY? (Yes or No.) 20B. IF IN CER In or obout 21 C. WHERE DID (Injury Occur?) 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 6 7 ond that in (my view the body ofter deoth. 23D. ADDRESS 6101 Park Heig	YES, WERE FINDINGS. TIFYING CAUSES OF E If in Boltimore City, give EUR? to	DEATH? e exact location)

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BIRTH NO.		67 7	788 CERTIFICA	TE OF DEATH	Registered No	7 67 7788
1. NAME OF	DECEASED	Elzie Euge		2. DATE	ust 10, 1967	
3. PLACE OF	F DEATH IN BALTIA			4. USUAL RESIDENCE (WI	nere deceased lived, if	institution residence before admissi
FULL NA	OR oddress	n hospitol or institut or location)	ion, give street	California		RURAL_ond give township)
27	Veterans	Administra Raven Bou	tion Hospital	Long Beach	If rurol, give location)	V-04
1/		, Maryland		319 Hermosa	Avenue 908]	12
5. SEX Male	6. RACE White	7. MARI WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify) Tried	1/28/27	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Min
			OF BUSINESS OR INDUSTR			12. CITIZEN OF
_	ost of working life, ever	n if refired)	Duilding	D 2017 a 1	N. O	WHAT COUNTRY?
3. FATHER'S	truction NAME		Building	Burnsville,	N.C.	U.S.A.
	Bolick			Mandy McMahar	a	
Yes, no or unk	nown) (If yes, give	Armed Forces? wor or dotes of servi	1 -1 0 (-1	VA Hospital Re		ADDRESS
(This do	ISEASE OR COND LEADING TO bes not mean the	DEATH mode of dying,	(A) Pul	monary Hemorrha		INTERVAL BETWEEN ONSET AND DEATH minutes
heart foi injury ar	ilure, aslhenio, elc. I camplication which ANTECEDENT	II meons the dise th caused deoth.)	(B) Car	cinoma of the L	ung	2 years
UNDERI	ES OR CONDITION The above can LYING CONDITION	use (A) stoling I last. DITIONS CONTRIBU	TING			
DISEASI	E OR CONDITION C	AUSING IT.				
May		Carcin	or which operation oma of lung	Yes or F		E FINDINGS CONSIDERED AUSES OF DEATH?
_ OR CON	CIDENT WAS UND TRIBUTING CAU	SE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact location)
21D. TIM OF INJU (APPROX	RY	y) (Year) (Hour)	21 E. INJURY OCCURRED While At Work Not Wh.		JURY OCCUR?	
that (V	(we) last saw the	deceased alive	ed the deceased from	February 9th	* * *	pinion deoth occurred on the o
23C. PHY	fichael	J. Hayl.	M.D. At	tending Med. ys. Director	Stoff Phys.	August 11, 196
	MICHAE	L G. HAYES	M.D.	Veterans Admin		ospital ito., Md 21218
	CREMATION, 24B.	-1	C. NAME OF CEMETERY OF CI	REMATORY 24D.	LoHoffy Hill Baltimore,	CilCemetery (Stote
	AUG 15		WE OF REGISTRAR	25C. FUNERAL DIRECTO	Baltimor	re Maryland 21204

V\$ 150-REV. 1/1/65

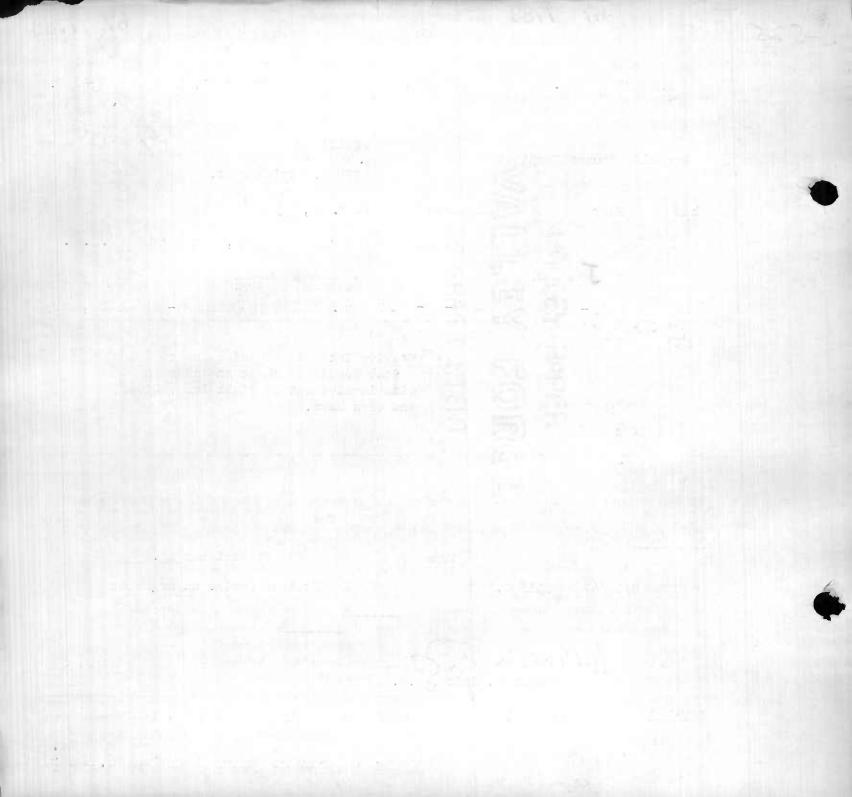
Baltimore Maryland 21204 8521 Loch Raven Blvd., WILLIAM JOHNSON



BIRTH NO.			AMINER'S CI			EATH Registe	ered Na.	7789
M.E. CASE NO.					2 DATE AND	HOUR PRONOUNC	ED DEAD	
1. NAME OF D (Type or Print)			JOHNSON			st 10, 196		15 P. M.
3. PLACE IN BA	LTIMORE, MARYLAND, W		INCED DEAD	4. USUAL RESIDA. STATE Maryla	DENCE (Where de	eceased lived. If inst	itution: residence	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			c. city or to	WN (II autside	corporate limits, write	RURAL and give	township)	
Frank	din Square Ho	spital			Stricker			
5. SEX Male	6. RACE Negro	WIDOWED	NEVER MARRIED DIVORCED (specify) IVORCED	Nov. 8		9. AGE (In years lost birthday)	II Under 1 Yr. Months Days	If Under 24 Hrs. Hours Min.
	CUPATION (Give kind of war of working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	y,Marylar	12. CITIZEN OF WHAT COL	UNTRY?
13. FATHER'S NA	AME		*	14. MOTHER'S A				
Ro	bert Johnson	n		Lilli	an Dixo	n		
15. WAS DECEA	SED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	Mothe	r	ADDRESS	
Yes	1953-1955	o service)	214-28-9035	Mrs. I	illian	Johnson-	La Plata	,Marylan
1B. DISE	ASE OR CONDITION DI	RECTLY		OF DEATH		ling due to	ONSE	VAL BETWEEN
RISE TO UNDERL	ANTECEDENT · CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S YING CONDITION LAST.	NY, GIVING	(C)	vena cava	•			
S TO THE	II IGNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO T						*****************************
. Ind.	OF OPERATION 198, CON	FORMED		Yes	11	OB. IF YES, WERE FI	SES OF DEATH?	Yes
UNDERLYING DE	NAL CAUSE WAS G□OR CONTRIB- AUSE OF DEATH.	21 B. hame etc.)	PLACE OF INJURY (e.g., , form, foctory, street, Home	in or about 21 C. olfice bldg., INJUI	RY OCCUR?	in Baltimore City, gi Stricker St	10	-02
21 D TIME OF INJURY (APPROX.)	(Manth) (Day) (Yes 8/10/67 5	L15 Pm.	VHILE AT NOT AT W	WHILE TOTAL	tabbed d	roccur? uring an ar	gument	
	ertify that I held an				1-31	basis, death in n		
res	sulted fram: Natural ca	uses A	Accident Suicid			datermined mann	er 🔛	
1.7	TURE WWW	Bh.	1	ASSISTANT I	MEDICAL EXA MEDICAL EXA MEDICAL EXA	MINER		TE SIGNED
	INER'S We	rner U.	Spitz, M.D.	ASSOCIATE	MEDICAL EX	- MINER		
23A. BURIAL C	REMATION, 238. DATE		Sacred Hear		ery La	CATION (City Plata,	, town, or county) Marylar	
24A. DATE REC	'D BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNE	RAL DIRECTOR		ADDRE	ss Md.
	AUG 1 5 1967	Robert	5 E. Farburna	Are	hart Fu	neral Ho	me, Inc.	

VS 151-REV. 1/1/65

Archart Funeral Home, Inc., La Plata



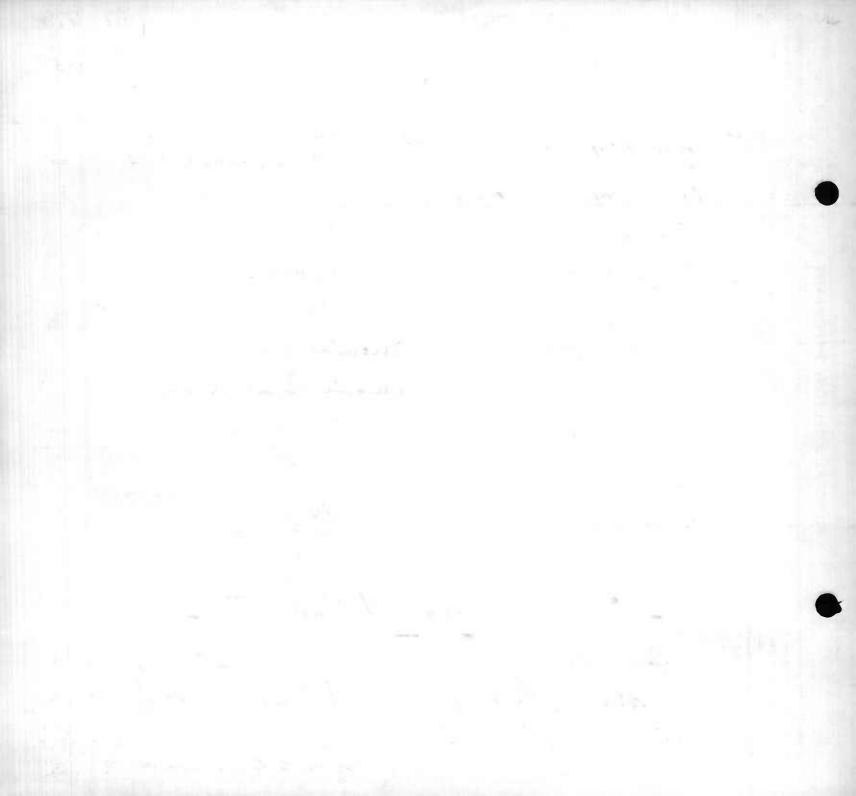
BIRT	H NO. 67 7	790	TE OF DEATH	Registered No.	67	7790
M.E	CASE NO.	CLKTITICA		ND HOUR OF DEATH		
	e or Print) PARKER.	COLEV J	1		67 1/	286 3
3. F	LACE OF DEATH IN BALTIMORE, MARYLAND	0	4. USUAL RESIDENCE (Wh.	ere deceased lived. If in	nstitution: resident	ce befare odmissian)
	ULL NAME OF (If not in hospital ar institut	to also about	MD.	NIT		
ŀ	OSPITAL OR address or location)	ion, give sweet		utside city limits, while	RURAL and give	township)
	BALTO. GEN.	NOSA.	BALTO.	0	40 T	O carry
1	13			rural, give lacation)	x 54.	
-		NAME AND ADDRESS OF THE PARTY O	3812)			
5. \$	M W WH	WED DIVORCED (specily)	1893	9. AGE (In years lost birthdoy)	If Under 1 Yr. Manths Doys	If Under 24 Hrs. Haurs Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working tite, even if retired)		11. BIRTHPLACE (State or for	eign country)	12. CITIZEN C	
/	TIRED - COAST-GUARD	MILITARY	VA.		0.	5_
13.	ATHERS NAME		14. MOTHER'S MAIDEN NA			
	Lewis CARKER		VIRGINII	A NARI.		
	Vas Deceased Ever in U. S. Armed Farces? no orunknawn (If yes, give war ar dates af serv	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT	Danie	ADD	RESS
	Ves	SECORITI NO.	MINNIE	ARRER.	5,	AME.
	IB. 2/3/1	CAUSE C	F DEATH			VAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		,			T AND DEATH
	LEADING TO DEATH	(A) //	10 CARDIAL	INFARCT.	100/	DAYS
	(This daes nat mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO				
	injury ar camplication which caused death.)					
	ANTECEDENT CAUSES	DUE TO		****************	*****************	
	DISEASES OR CONDITIONS, if any, gi rise to the above cause (A) stating	ring	PREVIOUS M	17		
	UNDERLYING CONDITION last.			***************************************		**************************************
7	11					
ATIO	TO THE DEATH BUT NOT RELATED TO					
CA	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE	FINDINGS CON	SIDERED
ERTIFIC	WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH	1?
CEI	21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Baltimar	e City, give exac	t location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, farm, factory, street, a	Hice bldg., INJURY OCCUR?			
DIC	21 D. TIME (Manth) (Day) (Year) (Haur)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
M	OF INJURY (APPROX.)	While At Not Whi				
		Work At Wark	70	/>	1.	15
	22. I certify that (1) (this haspital) attend	01,	1 8	19 6 7 to 8		19 6 7
	that (I) (we) lost sow the deceased alive	/		hot in (my) (our) op1	Inion deoth occ	curred on the dote
	and hour and from the causes stated above	e. (I) (We) (did) (did not)	riew the body ofter deoth.			
	3A. SIGNATURE				23 B. DATE SIG	NED
	Jamas V. E	M.D. Att	ending Med. Director	Staff Phys.	8/12	2/67
,	23 C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS	41		,
	THOMAS N. EMON	ey M.D.	1861	7.		
24A	BURIAL CREMATION, 248. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ity, town, ar caur	nty) (State)
	Duriel 8/16/67	Balk Ylas	1 Com. 1	Datt	1/2	MI
25A	DATE REC'D BY HEALTH DEPT. 288. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	CO A	DDRESS
	AUCT FIRST A	R. C. Ja B. M.	Me (2. 10.	FH VI	1220	
VS	50-REV. 1/1/65 UG 1 5 195/	TO C. MILLON	11/4 Juney	3	///	



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FUNERAL DIRECTOR: IMPORTANT	ine	0	0	m
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital of the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death of the body was released to the hospital by a medical examiner.	snows: (1) An accident of any nature; (2) body burns; (3) A tracture of any kina; (4) Undefermined cause; (3) Deced was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. So	written approval must be obtained before the remains are embalmed or final disposition is made.
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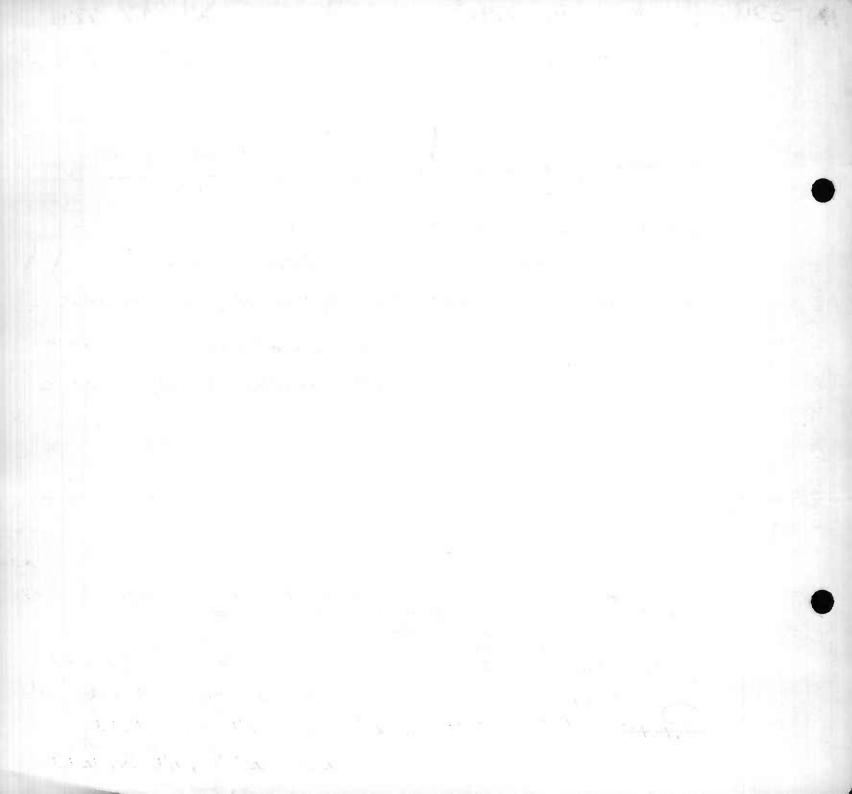
Om I	BALTIMORE CIT	Y HEALTH DEPARTMENT		כמיים מיים
BIRTH NO.	7792 CERTIFICA	TE OF DEATH	Registered No	0/ //32
M.E. CASE NO.			HOUR OF DEATH	
Type or Print)	VEINSTEIN	2. DATE AND	. /	
HERMAN		8/1	3/67	10:13 A.
PLACE OF DEATH IN BALTIMORE, MARYLAN	ID	4. USUAL RESIDENCE (Where A, STATE B. COUNT	d∉ceosed lived. If insti Y	lution: residence before admission
FULL NAME OF (If not in hospital or inst	itution ave street	MARYLAND		
HOSPITAL OR oddress or location)	itorion, give street	C. CITY OR TOWN (If outs	ide city limits write RM	Pat and give township
INSTITUTION		0 -		dide give to within
11 - 2 - 7 4 2	E BALTIMORE	D. STREET ADDRESS (If to		
SINAI HOSPITAL OI		D. STREET ADDRESS (II TO	orol, give location)	
		4017 EM	MARIA	VE
SEX 6. RACE 7. M	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)		AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
M	* 4 *	MARCH 1912	st birthdoy	wonins Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10 B. K	MARRIED	1 11, BIRTHPLACE (State or foreig	o country)	12, CITIZEN OF
ne during most of working life, even if retired)	and or seements on most	Try diktin Ex de (slote of loteig	ii cooniny,	WHAT COUNTRY?
KABBI		HUNGEY		Usa
FATHER'S NAME		14. MOTHERS MAIDEN NAM	E	
		0 -		
TEHSHUA		MACHAEL		
Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of s	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NIA	JECOKITI NO.	WIFE		60
100				SAME
10.5 7 K	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Y			
LEADING TO DEATH	(A) U	rema		
(This daes not mean the mode of dying			***********************	
hearl failure, osthenia, etc. It means the d injury ar complication which caused death		1	0 0.	
	ii Cl	home Kanal	a Disson	
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any,				
rise to the above cause (A) statir	ig The (C)			
UNDERLYING CONDITION lost,				
ll ll				
OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING			
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	10 THE			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		IDINGS CONSIDERED
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORME	D	11/2	IN CERTIFYING CAUS	ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INITIPY	in or about 21 C. WHERE DID	(If in Boltimere C	City, give exact location)
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	office bldg., INJURY OCCUR?	tiv in boilinote C	y, give exoct loconon
DEATH (notify medical examiner)	etc.)	A CONTRACTOR OF THE PARTY OF TH		
21D. TIME (Month) (Doy) (Year) (Hou	at 21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OL HATOKI	While AI Not Wh			
(APPROX)	Work At Work			/
22. I certify that (c) (this hospital) atte	nded the deceased from	8/12/ 10	167 to 8/	13 1967
	0/2/	1/1/~		
that (1) (we) lost saw the deceased oli	ve an	19 <u>9</u> ond tho	In (my) (or) opinio	on deoth occurred on the do
and hour and from the couses stated at	ove. (I) (Me) (did) (did)	view the body after death.		
23A. SIGN ATUALE			12	3B. DATE SIGNED
XIRe Y	M.D. At	tending Med. S	toff	D/13/10
100	Ph	ys. Director P	hy s.	8/12/61
23C. HYSICIAN'S	,	23D. ADDRESS	01	1-1.0
NAME (Tygé)	/ V M.D.	1-	, H	she tol
MARE CE,		mor	//0-	
REMOVAD (Specify)	2.C. NAME of CEMETERY OF CI	REMATORY 24D. LO	CATION (City,	fown, or county) (State)
BURIAC 8/14/196/	Lora C			n. 4. h
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		1 km fork
	of of The	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 16	NC Garrison
AUG 1 5 1967 M.	VE DE ROMEUSA	1 3 30 your 5 40	was a son,	Borr
S 150-REV, 1/1/65				



N.E. CASE NO. NAME OF DECEASED	793 CERTIFICA	DATE AND	HOUR OF DEATH	
ype ar Print)	2012	50/12	1967	1 2 /
PLACE OF DEATH IN BALTIMORE, MARYLAND	APLAN	4. USUAL RESIDENCE (Where	deceased lived, If	institution: residence befare admi
		A, STATE B. COUNT	Υ	
FULL NAME OF (If not in haspital ar institu HOSPITAL OR address ar lacation)	tion, give street	MARYLAND	11 11 11	DUDA1 - J - J - J - J - J - J - J - J - J -
INSTITUTION		C. CITY OR TOWN (If auts		KUKAL dae give townships
SINAL HOSP		D. STREET ADDRESS (II TO	ral, give lacation)	10 1
1316AL KOSP				
SEX 6. RACE 7. MAR	RIED, NEVER MARRIED	3833 KOLA	AGE (In years	EW AUE
WID	OWED, DIVORCED (specify)		ist birthday)	If Under 1 Yr. If Under 2. Manths Days Haurs A
	JIDOUL	Dec 15, 1892	74	
JA, USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	-	KUSSI	A	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	013.1
G				
ABRAHAM. Was Deceased Ever in U. S. Armed Farces?	11.4 co.ci.c.	DA		A D 2 2 2 2 2
es, na ar unknawn) (If yes, give war ar dates af serv	rice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		MILTON CAPL	AN 5	606 JONQUIL
18. 7 Z A V	CAUSE O			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		12 1	0 1	ONSET AND DEAT
LEADING TO DEATH	IA M	11 exardeal	Vregere	1) Unisla
(This does not mean the made all dying,	e.g., DUE TO	Mesterial 11	1 State 1800	00 771
		multiple of the	00/ 70000	
hearl failure, asthenia, etc. Il means the dis- injury ar camplication which caused death.)	ease,	pour to	1000000	-4.
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67 77	/94	HEALTH DEPARTMENT	Registered No.	67 7794
M.E. CASE NO. 1. NAME OF DECEASED		TE OF DEATH	ID HOUR OF DEATH	. 00
(Type or Print) HAROID KE	NNETH WOO	(1) 8-	-13 - 67	6 100 F
FULL NAME OF (If not in hospital or instituti	3	A. STATE B. COUN	re deceosed lived. If insti TY	tution; residence before admiss
HOSPITAL OR oddiess or location) INSTITUTION US PUBLIC HEALTH SI	ERVICE HOSP.	SPRING.	tside city limits, write RU	RAL ond give township) 1 - 4 3
BALTIMORE, M	d.	6142	BARdu	Ave.
M W WIDO	MED, NEVER MARRIED WED, DIVORCED (specify)	1 10 10	lost birthdoy 53	If Under 1 Yr. If Under 24 Months Doys Hours Min
6A. USUAL OCCUPATION (Give kind of work 108, KINE one during most of working life, even if retired) SOLIC HEALTH Advisor	US PHS	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME John Wood		14. MOTHER'S MAIDEN NAM	1 . 1	
5. Was Deceased Ever in U. S. Armed Forces? fes, no or unknown) (If yes, give wor or dotes of servi YES USN 1942 - 1941		USPHS	Hospital	RECORDS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	ARCINOMAT	2120	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made of dying, heart failure, asthenio, etc. It means the diserinjury or camplication which caused death.) ANTECEDENT CAUSES	ose.)ENO CARCINOM	A of Lung	Months
DISEASES OR CONDITIONS, if ony, given is a lot like above cause (A) stating UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 199A. DATE OF OPERATION 1985. CONDITION F. WAS PERFORMED				
19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	1) 208, IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED SES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Baltimare C	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work Not Work		URY OCCUR?	
22. I certify that (this hospital) attended that (we) last saw the deceased alive		A U 9 7		ug. 13 19 6 an death accurred on the
and haur and from the causes stated above	(We) (did) (did not) v	lew the bady after death.	2	38, DATE SIGNED
23C. PHYSICIAN'S NAME (Type)		onding Med. Director 23D. ADDRESS	Stoff Phy se	8/13-67
WITH L.	C. NAME of CEMETERY OF CRE	MATORY 24D. L	SPITAL)	BALTIMONI, MI
xxxxxxxx 8/17/67 (Columbia Gardens		/10/ 1/	Virginia Mu ABORESS
25A. DATE REC'D BY AUG 15 1967 25B. NA	AE OF REGISTION STANDARD	Murphy Funer	al Home, Arli	ngton, Virginia



BIRTH NO. 67 779	5	HEALTH DEPARTMENT	1/	67 7795
	CERTIFICA	TE OF DEATH	Registered Na	
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) LANGE OF ANNA A			HOUR OF DEATH	
. KNIGHI, ANNA A.			JST 14, 196	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	e deceased lived. If insti TY	tution: residence before admission)
FULL NAME OF (If not in hospital or institution, grand oddress or location)	ve street	C. CITY OR TOWN (If outs	side city limits, write RU	15 wa 6
ST.AGNES HOSPITAL			227	3 = 3
WILKENS & CATON A BALTO. 29, MARYLA			ural, give location)	
		1239 STEVENS		If Under 1 Yr., If Under 24 Hrs.
	DIVORCED (specify)	4-2-13	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT COUNTRY?
YPOUSEWARK Saleslady WONE	Hochschild Kohn Co.	MARYLAND		U.S.A.
13. FATHER'S NAME		4. MOTHERS MAIDEN NAM		
HENRY Krabbe			sbach	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
NO		ST.AGNES HOSE	PITAL, WILKE	NS & CATON AVE
18. 190.9 I	CAUSE OF	DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	4	ET ASTATIC K	INVICABANA	- 2
(This daes nat meon the made of dying, e.g., heart toilure, asthenia, etc. It means the disease,	DUE TO	EFASTATIC A	///^((7~~/	
injury or complication which caused death.)	,	1621NOMA		
ANTECEDENT CAUSES	(B)	**************************************	95 5 5 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
DISEASES OR CONDITIONS, it only, giving rise to the above couse (A) stating the	(C)			
UNDERLYING CONDITION Iasi.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ii .			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 21B. I	PLACE OF INJURY (e.n., in	or obout 21 C. WHERE DID	(If in Boltimore C	City, give exact lacation)
OR CONTRIBUTING CAUSE OF home etc.)	, form, foctory, street, off	ice bldg., INJURY OCCUR?		
W OF INTURY	INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.) While				
22. I certify that (I) (this hospital) attended the	e deceased from JU	LY 26	9 67 10 AUGL	J\$T 14 19 67
that (I) (we) last saw the deceased alive an	AUGUST 14	19 67 and the	it in(my) (aur) apinle	an death accurred an the date
and haur and fram the causes stated above. (1)	(We) (did) (did nat) vi	ew the bady after death.		
23A. SIGNATURE				38. DATE SIGNED
2 Seviel	M.D. After Phys	. Director	Stoff Phy s.	8-14-67
23C.PHYSICIAN'S NAME (Type)	and the second	ST. ACNES LIGGE	DITAL MILLET	INC C CATON AVE
A. M. Kevilla	M.D.			ENS & CATON AVE
REMOVAL (Specify)	ME of CEMETERY of CRE			town, or county) (State)
Burial 8-17-67 Lo	udon Park Cem	etery Ba	altimore, Mar	ryland Address
AUG 15 1967 (12. 15 2	tallera	- AN	bard, 4107 W	ilkens Ave, 21229

VS 150-REV. 1/1/65

n. 5-2- Life, 71 65

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LT, TARRED MERCHAN AL, BILLIANS - CAYER OF

TELE THE CO. T. .

IMPORTANT

FUNERAL DIRECTOR:

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JIM 19 POLICE SOMULABINE MOLINET

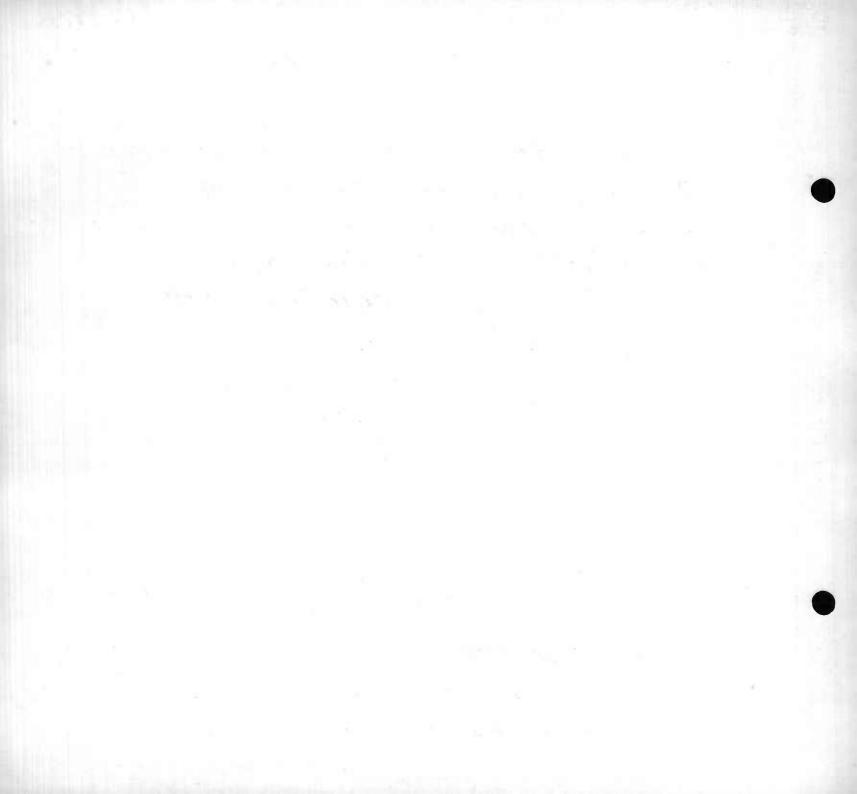
IMPORTANT

DIRECTOR:

FUNERAL



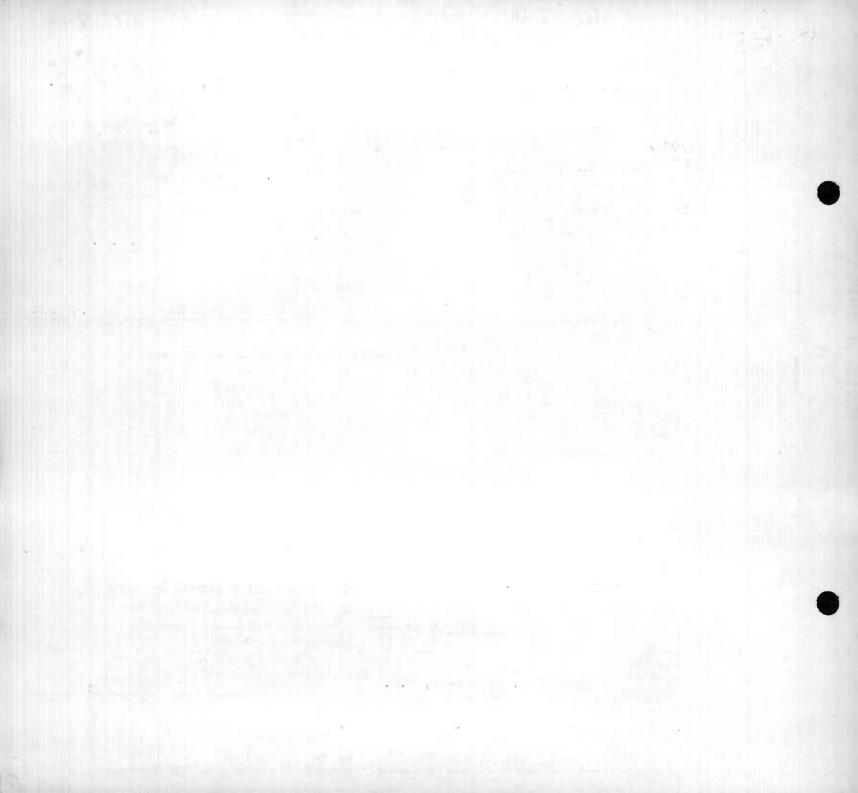
67	17708 BALTIMORE CIT	Y HEALTH DEPARTMENT	Ch proc
BIRTH NO. M.E. CASE NO.	CERTIFICA	ATE OF DEATH R	egistered Na. 0/ //98
1. NAME OF DECEASED (Type or Print)	DAN OPHE	P QUE /	3 -1967 8:35 A
3. PLACE OF DEATH IN BALTIMORE, MAR	YLAND	4. USUAL RESIDENCE (Where dec	eosed tived. If institution: residence before adm
FULL NAME OF (If not in hospital a	r institution, give street	MD	
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside	ity limits, write RURAL and give township)
		DALTIMO	
00703 NA	PAPLETON ST	D. STREET ADDRESS (If rurol,	PPIETON ST
5. SEX 6. RACE	WIDOWED, DIVORCED (specify)	S. DATE OF BIRTH 9. AC	E (In years If Under 1 Yr. If Under 1 Months Doys Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	08. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign co	unity) 12. CITIZEN OF WHAT COUNTRY?
RET. KARORER	SCRAPMETAL CO	MOISON MD	(U.S.A.
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
JOHN W. OPHER		JENNIE Sta	NLTY
15. Was Deceased Ever in U. S. Armed Forc		17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.	ROLLEAN DAVIS 7,0	3 NAPPIGTON ST
18. 44 4 34	CAUSE	OF DEATH	INTERVAL BETWEE
DISEASE OR CONDITION DIR	CTLY	1-1-11	ONSET AND DEA
LEADING TO DEATH	w/Cl	Isualey To	
(This does not mean the made of heart failure, asthenia, etc. It means	the disease,	0 110	2 6
injury or complication which caused		roselustro	CUR
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if a		Clare	
UNDERLYING CONDITION loss.	Joining 1010 (C)		
_ 11			
OTHER SIGNIFICANT CONDITIONS CO			
DISEASE OR CONDITION CAUSING IT		20A ALITOREY2/Vac as Nail 201	IF YES, WERE FINDINGS CONSIDERED
WAS PERF		IN IN	CERTIFYING CAUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Soltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	
O 21 D. TIME (Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?
OF INJURY	While At Not Wh	ile	
	Work At You	75 6	78/13/6
22. I certify that (I) (this hospital)	X/7	/ V Ty > 18	(to () ()
that (I) (we) last saw the deceased	I alive an	19 and that in	(my) (aur) opinian death accurred an Il
and haur and from the courses state	ed above. (1) (We) (did) (did not)	view the body ofter death.	/ /
23A. SIGNATURE	20 tetal		23 BROTTE SIGNED
Just the second	M.D. Al	ys. Med. Stoff	0/27/10
23C. PHYSICIAN'S NAME (Type)	la Interna	23D ADDRESS	· ODDOWN.
260	ROFE W M.D	(001/1/1/L	www. Traska!
24A. BURIAL CREMATION, 248. DATE	24C. NAME OF CEMPTERY OF C	REMATORY 240. LOCAT	ION (City town, or county) (S
REMOVAL (Specify)	7 MALONES	CHAPEL MAD	ISON MD
	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	yn 638n GILMOR SA
AUG 1 5 1967	An SOITS	Marken B. Ho	yes 638 NGILMOR ST
	US C. Talburghal	1	
VS 150-REV, 1/1/65			



W-450 BIRTH NO. 67 7799 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

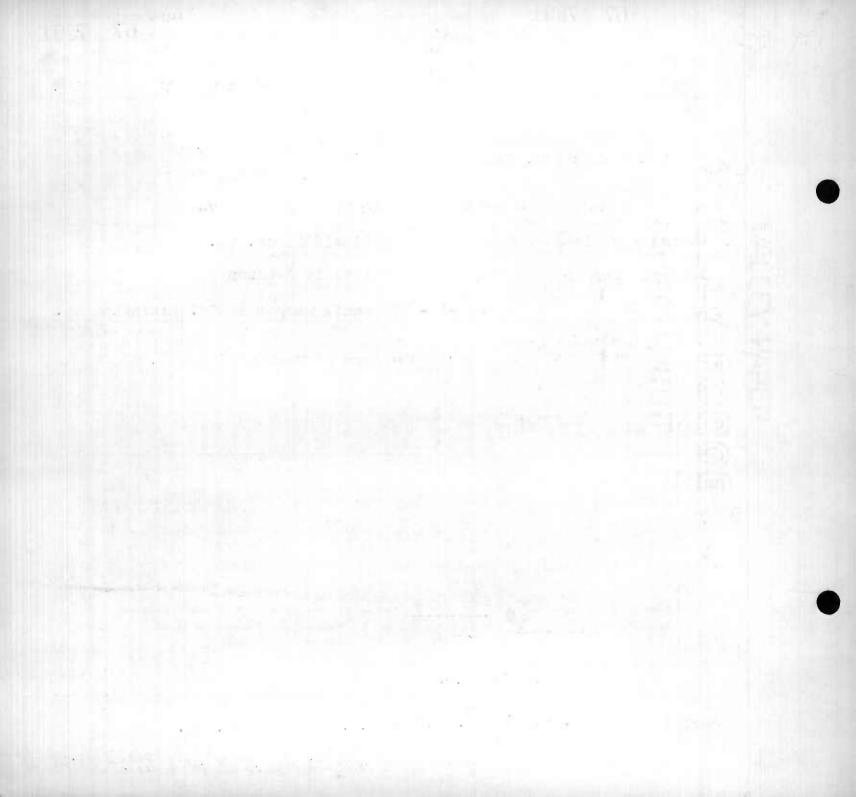
1. NAME OF DECEASED (Type or Print) HOMER R. WOOLWINE 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL MANYE OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) 1615 St. Paul Street 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 2. DATE AND HOUR PRONOUNCE August 13, 1967 4. USUAL RESIDENCE (Where deceosed lived. If institution Maryland C. CITY OR TOWN (If outside carporate limits, write Baltimore D. STREET ADDRESS (If rurol, give location) 1615 St. Paul Street 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors)	8:00 A. M. ilution: residence before odmission)
HOMER R. WOOLWINE 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION 1615 St. Paul Street 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 18 DATE OF BIRTH A USUAL RESIDENCE (Where deceosed lived, if instimated and many land and many	itution: residence belore odmission) SNTY
FUEL MANYE OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION) 1615 St. Paul Street S. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years)	JNTY
HOSPITAL OR INSTITUTION 1615 St. Paul Street C. CITTOK IOWN (If obside carparate limits, while l	RURAL ond give township
Baltimore D. STREET ADDRESS (If rurol, give locasan) 1615 St. Paul Street 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors	7-03
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors	
Male White widowed, Divorced(specify) Sept. 19, 1920 Last birthdoy 47 46	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF
dane during most of working life, even if retired) WELFARE Montgomery Co., Va.	WHAT COUNTRY?
13. FATHER'S NAME	Capiri
Noah Woolwine Essie Spradlin	
Noah Woolwine Essie Spradlin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	1. d
No Edgar Woolwine, Christ	
18. CAUSE OF DEATH	ONSET AND DEATH
INJURY OF COMPILED ANY CONSTRUCTION OF THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION NO CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION NO CAUSING	
140	SES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, girls) home, farm, factory, street, office bldg., INJURY OCCUR? etc.)	ve exact location)
21D TIME (Manth) (Doy) (Yeor) (Haur) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK	
22. I certify that I held on Inquiry Inspection X Autopsy ond that on this basis, death in m	ny opinion
resulted from: Notural causes X Accident Suicide Homicide Undetermined manner	
ACTUAL SIGNATURE CLUS ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
NAME (Type) Charles 5. Springate, 11.0.	August 13, 1967
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (Gity, REMOVAL (Specify) 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR	, town, or county) (Stote)
AUG 15 1967 Relat E. Fallenna Kr. E. Laker	aus.

	F	57 7	800 E	SALTIMORE CITY HEAL	TH DEPARTMENT			67	7200
ARTH NO.		MEDI	CAL EX	AMINER'S CI	ERTIFICATE C	OF DE	ATH Register	ed Na	
M.E. CASI	E NO.								
1. NAME (Type or P	OF DECEASED						HOUR PRONOUNCE	D DEAD	0.05.7
	(Jam)	JAM		IARDSON	4. USUAL RESIDENCE	Augus	t 11, 1967		9:05 P. M.
3. PLACE	IN BALTIMORE, MA	RYLAND, W	HERE PRONOU	INCED DEAD	A. STATE Maryl		B. COU	NTY	ce before domission/
FULL NAM	ME OF (IF NOT	IN HOSPITA	L OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN (IF		arparote limits, write	RURAL and	give to waship)
HOSPITAL INSTITUTION		SS OR LOCA	THOIN)		Balti	more		16	1-00
37				(201)	D. STREET ADDRESS (I		ve lacation)		
01	Provide	nt Hos	pital	(DOA)	1131	N. Fr	emont Aven	ue	
5. SEX	6. RACE			NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under 1	Yr. If Under 24 Hrs.
Male	Ne	gro		ngle	6-5-04		63	TVIOITIII'S D	ly s Hubis Hubis
			10B. KIND OF	BUSINESS OR INDUSTRY		or foreign c		12. CITIZEN	
	mast of working life, ev				S·C·			U.S.	COUNTRY?
13. FATHE	R'S NAME				14. MOTHER'S MAIDEN	NAME			
	Cha	rlie	Richar	dson	Willie				
	DECEASED EVER IN	U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
(Yes, no ar	unknown) (If yes, give	war ar date	s at service)	SECORITI NO.	Sylvania R	icha-	rdson 8Hc	ward	St. S.C.
11B. A				CALLSE	OF DEATH				TERVAL BETWEEN
TIFICATION NO.	SEASES OR CONDI	AUSE (A) STION LAST. II CONDITIONS IT NOT RE IN CAUSING	CONTRIBUTING THE	HE	20A. AUTOPSY? (Yes	ar Na) 20	CERTIFYING CAUS	IDINGS CON	NSIDĒRED HP?
	EXTERNAL CALLSE W	247	210	PLACE OF INTIERY (e.g.		DID (If	in Bultimare City air	re exact loca	ation)
OUNDE	EXTERNAL CAUSE WERLYING OF CONTR	NB-	hame etc.)	PLACE OF INJURY (e.g., farm, factory, street,	office bldg., INJURY OCC	UR?	nue north	of Win	chester St.
₩				street	21F. HOW D			OT WILL	chester st.
OF IN	JURY		30 P.		WHILE		n struck b	y auto	16-01
22.	I certify that I	held an I	nquiry 🗌	Inspection Au	tapsy 💢 and that	an this	basis, death in m	y apinion	
	resulted fram:			Accident X Suicid			determined manne		
	ACTUAL	hour	45.	0.0	CHIEF MEDICA				DATE SIGNED
	EXAMINER'S NAME (Type)	Charle		ringate, M.D.	ASSOCIATE MEDIC	AL EXA	MINER A		12, 1967
	IAL CREMATION,	23B. DATE	23	C. NAME OF CEMETERY	or CREMATORY	23D. LO	CATION (City,	town, ar cou	unty) (State)
Bı	urial TE REC'D BY HEALTH	8-16-		Mt. Auburn	Cem.		ltimore,	Maryl	and
Z4A. DAT		5 1967	Robert	E Foolenna			al Home	1348 (Calhoun S
V\$ 151-R	REV. 1/1/65	1860	7.2			Top!			



67. 7801 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	MEDI	ICAL EXAMINE	R'S CERTI	FICATE O	F DEATH Registe	red No. /801
M.E. CASE NO.						
1. NAME OF DEC	CEASED			2. DATE	AND HOUR PRONOUNCE	D DEAD
HARRY		MORG			ugust 10, 196	
FULL NAME OF		HERE PRONOUNCED DEAD AL OR INSTITUTION, GIVE ST	A. S]	Maryland	B. COU	
HOSPITAL OR	ADDRESS OR LOCA	TION)	C. CI	TY OR TOWN (If ou	utside corporate limits, write	RURAL and give lawnship)
6 1007 11	T	(001)		Baltimore		Q Family
1007 W	. Lexington S	ot. (DOA)		REET ADDRESS (If I		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIE		E OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Male	Negro	windwed, Divorced (spec	ifv)	22/1892	74	Months, Days, Hours, Min.
IOA. USUAL OCCU	JPATION (Give kind of work working life, even if retired)	TOB. KIND OF BUSINESS OR	INDUSTRY 11. BIE	THPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	reflred			nwiddie (
Genera]	Morgan		Lu	venia Joh	nnson	
15. WAS DECEASE	D EVER IN U.S. ARMED	FORCES? 16. SOCIAL s of service) SECURITY N	17. INF	ORMANT		ADDRESS
no	di yes, give war ar date			nie Morga	an 1007W. Le	xington St.
18.	/ X 1		CAUSE OF D	EATH		INTERVAL BETWEEN ONSET AND DEATH
DISEAS	SE OR CONDITION DI	RECTLY				
(This does n	not mean the made of asthenia, etc. It means	/A1		na of Stoma	ch	
heart failure,	asthenia, etc. It means mplication which coused	the discose, death.)				
A	NTECEDENT CAUSES					
DISEASES	OR CONDITIONS, IF A	NY, GIVING (BL	TO		•••••	
UN DERLYIN	E ABOVE CAUSE (A) \$1 NG CONDITION LAST.	TATING THE				
NO NO		(C)	•••••			***************************************
O THE	II NIFICANT CONDITIONS DEATH BUT NOT REL	LATED TO THE				
MISEASE OF	OPERATION 1198. CON	DITION FOR WHICH OPERAT	ON 20 A	AUTOPSY? (Yes or	No) 208, IF YES, WERE FIR	NDINGS CONSIDERED
30	WAS PERI		207	37	IN CERTIFYING CAUS	
21 A, EXTERNAL UNDERLYING CAU		21B. PLACE OF INJU- home, form, foctory, etc.)	JRY (e.g., in or ol street, office bl	NO out 21 C. WHERE DII dg., INJURY OCCUR	D (If in Boltimore City, giv	re exact location)
E 21D TIME	(Month) (Day) (Year	Hour) 21E. INJURY OC	CURRED	21F, HOW DID I	INJURY OCCUR?	
OF INJURY (APPROX.)		m. WHILE AT	NOT WHILE			tro de la constitución de la con
22.	rify that I held on I	nquiry Inspection	X Autopsy	ond that on	this bosis, deoth in m	y opinion
resul	ted fram: Notural cas	sesXX Accident	Suicide	Homicide	Undetermined monne	
	1			CHIEF MEDICAL		
SIGNAT		3h. Tort		TANT MEDICAL		DATE SIGNED
EXAMIN NAME (1	ER's Werner U	J. Spitz, M.D.	ASSO	CIATE MEDICAL	EXAMINER	8/11/67
23A, BURIAL CREA		AC. NAME OF CE	METERY or CREM	ATORY 231	D. LOCATION (City,	town, or countyl (State)
Burial	Aug.15	,1967 Mt. Aul	ourn Cen	1	Balto. Md.	
	BY HEALTH DEPT.	248 NAME OF REGISTRAR		C. FUNERAL DIREC		ADDRESS
	AUG 1 5 1967	OD & C I	Q. 18	William 13	Levell and Iloses	2109 labrache la
V\$ 151-REV. 1/1/6	114 01 - 0 1001	Williams Jan	and di	MONTH SAND	unwill yarre	OH HI MANDUNG ST



VS 150-REV. 1/1/65



		67	780	3.2 BALTIMORE CITY	HEALTH DEPARTMENT		כמסמי מס
	H NO. CASE NO.		100	CERTIFICA	TE OF DEATH	Registered No.	67 7803
1. N	AME OF DEC			A		HOUR OF DEATH	
		HOPE, (S	R.) D	ANIEL	AUG	UST 10, 19	67 10:40 A
J. F.	LACE OF DEA	ST. AGNES		TAL	4. USUAL RESIDENCE Where A. STATE B. COUNT		rution; residence before odmissi
Н	ULL NAME O	oddress or locotion)			1210 ide city limits, write	PAT and aims translation
IN	ISTITUTION	WILKENS &			BALTIMORE	de chy minis, whie los	5 01
4		BALTIMORE	, MD.	21229		etol, give location)	
_						ERSITY PAR	
5. \$1		6. RACE	WIDOWE	D, DIVORCED (specify)	lo	ost b adoyl N	If Under 1 Yr. If Under 24 H Aonth's Doys Hours Min.
10A.	MALE USUAL OCCI	WHITE JPATION (Give kind of work		RIED F BUSINESS OR INDUSTRY	08-25-88	78	12. CITIZEN OF
		working life, even if retired)				,	WHAT COUNTRY?
13. F	ATHER'S NAM		Wholes	sale Hardware	MARYLAND	F	YES USA
	CLIF			DEC 1D	ELIZABETH (H		DEC 1D
5. V Yes,	Vas Deceased no or unknown	Ever in U. S. Armed For	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	WILKE	NS & CATON AV
		UNKNOWN		21201-1104	ST. AGNES REC		
	18. 42	0.11		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	SE OR CONDITION DIR LEADING TO DEATH	ECTLY		Carlianini	5 Lock	2 11-
		ol mean the mode of				5 Loch	
		osthenio, etc. II meons aplication which caused			r. T. Mir.	0.01	I da
		ANTECEDENT CAUSES		(B)	and Maria	200	
		OR CONDITIONS, if above cause (A)				V	
		G CONDITION lost.	oraning in	(0)	va 0.000 0 000 tab 0 mmm 00 0 0 am mm 0 00 00 0m 0 m 2 m am mm 0 am mm	, , , , , , , , , , , , , , , , , , ,	
TION	TO THE D	FICANT CONDITIONS CEATH BUT NOT RELA	TED TO TH	IG HE			
ICA		OPERATION 198 CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
ERTIFI	0	WAS PERI	ORMED			IN CERTIFYING CAUSI	ES OF DEATH?
0	OR CONTRIBL	NT WAS UNDERLYING TING CAUSE OF medicol exominer	21 hor etc	me, lorm, foctory, street, of	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	IIf in Boltimore C	City, give exact location)
0	21 D. TIME OF INJURY	(Month) (Doy) (Year)	Hour) 216	E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
-	(APPROX)			hile At Not While At Work	е		
	22. I certify	that X) (this hospital) attended	the deceased from 8	-10- 19	67 to 8-10	- 19 67
		lost saw the decease				t in (XX (our) opinic	on deoth occurred on the d
	and hour and	from the couses stat	ed above. ((We) (did) (did/18t)	iew the body after death.		
-	23A. SIGNATU	2 Can	>			20	3B, DATE SIGNED
		> Cen mond	30	M.D. Atte	anding Med. S s. Director P	hys.	8/9/67
	23C. PHYSICIA	N'S logy	1 7	20110	23 D. ADDRESS	WI	LKENS & CATON
		1CA /mo	ind !	DIBAHI M.D.		PITAL - BA	LTO.,MD. 2122
24A.	REMOVAL	MATION, 24B. DATE	24C.N	AME of CEMETERY of CRI	MATORY 24D. LO	CATION City,	town, or county) State
	Juris	ul 1141	6720	vaine Park	mansolden	Woodlas	wn. md.
25 A.	DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR		Bulto 1
V.C	50 BEN \$ 17.1	AUG 1 5 196	1 000	J. J. Jankey P.	why lun	nerson	is horthala
/S 1	50-REV. 1/1/	65			1		

40 18 W. S. W. S. H. S. THE DESCRIPTION HE SECTION ALES. EVEN PREMIUM PREMIUM THE WHITE MAKES COLUMN STEEL STEEL STEEL

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VS 150-REV. 1/1/65

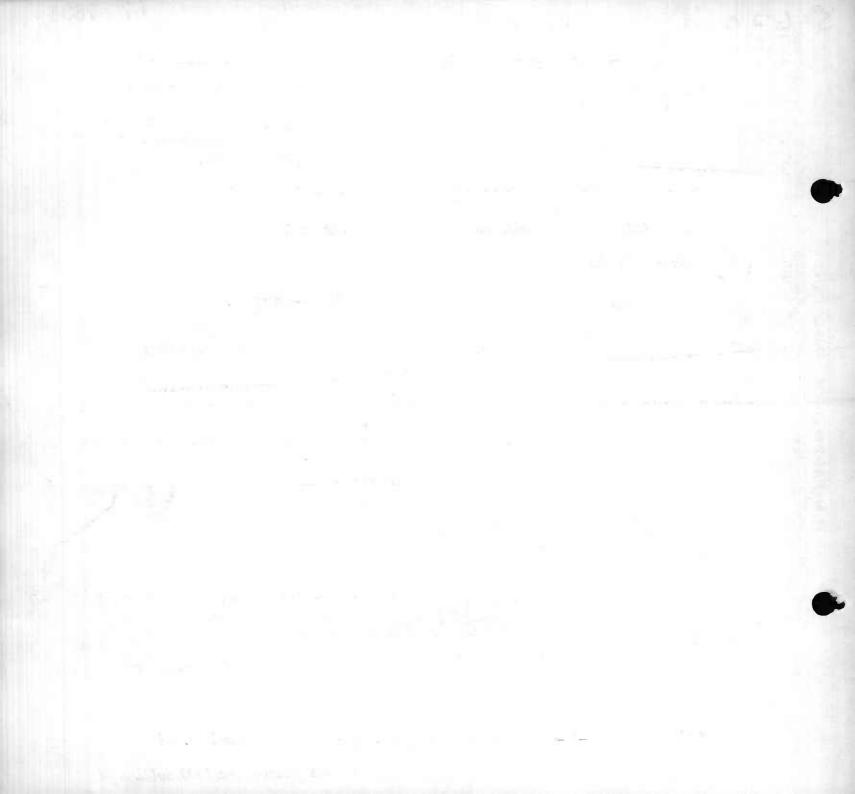
67	7804

BALTIMORE CITY HEALTH DEPARTMENT

67

7804

.E. CASE NO. NAME OF DECEASED			
		12. DATE AN	D HOUR OF DEATH
Anthony J. S	aroka Sr		13-6710:50 PM
PLACE OF DEATH IN BALTIMORE, MA			re deceased lived. If institution: residence before admissi-
St. Agnes Hospita FULL NAME OF HOSPITAL OR oddress or locolio	or institution, give street	A. STATE Md. B. COUN	
INSTITUTION		Baltimore	14-02
1.			rurol, give location)
40			
		1514 Holli	
Male White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	12-15-83	9. AGE (In years If Under 1 Yr. If Under 24 F Months; Days Hours Min.
A. USUAL OCCUPATION (Give kind of world	108, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or forei	gn country) 12. CITIZEN OF WHAT COUNTRY?
Machinist Railroad		Lithuania	WHAT COUNTRY:
	Maccount		
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME
Samuel Saroka			
Was Deceased Ever in U. S. Armed For	rcos? 16. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give wor or dote	s of service) SECURITY NO.		T
no no		Wife-Mary	K.
18. 11 00 1	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIE	DECTIV		ONSET AND DEATH
	DUE TO-		e CARDIAC
DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION tost.	sloting the	PISEASE (WITH HX OF 12 YRS.
rise la lhe obave couse (A) UNDERLYING CONDITION last.	CONTRIBUTING ATED TO THE	MEMIZ	WITH HX OF 12 YRS. NEARCTIONS 12 YRS.
INSE TO THE OBOVE COUSE (A) UNDERLYING CONDITION TO SELECTION OTHER SIGNIFICANT CONDITIONS COUSE (A) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT THE BUT NOT THE DEATH BUT NOT THE BUT N	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED	MEMIZ 20A. AUTOPSY? (Yes or No	NEARCTIONS 12 YRS. CULAR ANEWRYSH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
INSE IG THE OBOVE COUSE (A) UNDERLYING CONDITION IGST. II OTHER SIGNIFICANT CONDITIONS COUSE TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	CONTRIBUTING ATED TO THE IT.	MEMIZ 20A. AUTOPSY? (Yes or No	NEARCHOUS 12 YRS.
INSE IG THE OBOVE COUSE (A) UNDERLYING CONDITION IGST. II OTHER SIGNIFICANT CONDITIONS COUSE OF CONDITION CAUSING 19A. DATE OF OPERATION 198. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B, PLACE OF INJURY (e.g., home, form, foctory, street, of the contribution)	20A. AUTOPSY? (Yes or No lin or obout 21C. WHERE DID office bldg., INJURY OCCUR?	208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location)
TISE IN THE OBOVE COUSE (A) UNDERLYING CONDITION IN INTERPRETATION INTERPRE	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not White Work 1) ottended the deceased from 91.	DISEASE CCARDIAL T MEMIZ 20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY 1962 ond the	OF 12 YRS INTERPRETATIONS 12 YRS INTERPRETATIONS 12 YRS INTERPRETATIONS 12 YRS INTERPRETATIONS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact locotion) URY OCCUR?
Inse to the obove couse (A) UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING DISEASE OR CONDITION CAUSING CONTRIBUTION TO THE CAUSE OF OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (1) (this hospital that (1) (we) lost saw the decease ond hour and from the couses state 23A. SIGNATURE	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work 1) ottended the deceased from 91. etc above. (1) (Re) (did not)	DISEASE CCARDIAL T MEMIZ 20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY 1962 ond the	DITH HX OF 12 YRS. NEARCTIONS 12 YRS. CULAR ANEURYSM OF 12 YRS. OF 12 YRS.
TISE IN THE OBOVE COUSE (A) UNDERLYING CONDITION INSI. OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISES OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER 19A. DATE OF OPERATION CAUSING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 12 1D. TAME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (1) (this hospitoly that (1) (we) lost saw the decease and hour and from the couses stated 23A. SIGNATURE	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work 1) ottended the deceased from 91. etc above. (1) (Re) (did not)	20A. AUTOPSY? (Yes or No lin or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 11 PM & 13	OLITH HX OF 12 YRS. NEARCTIONS 12 YRS. CLUMAR ANEURYSM 208. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) URY OCCUR? 19 6.7 to 10:50 PM 8/13.19.67 of in(my (our) opinion death accurred on the course of the course
INDERLYING CONDITION I asi. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IDEASE OR CONDITION CAUSING IN ITEM IN IT	CONTRIBUTING ATED TO THE LIDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.,) (Hour) 21E. INJURY OCCURRED While At Not White At Work 1) ottended the deceased from 91- ed above. (1) (Re) (did not) At M.D. At Ph.	20A. AUTOPSY? (Yes or No lin or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	OLITH HX OF 12 YRS. NEARCTIONS 12 YRS. NEARCTIONS 12 YRS. CLUMAR ANEURYSM 208. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) URY OCCUR? 19 6.7 to 10:50 PM 8/13.19.6.7 of in(my (our) opinion death accurred on the course of the
TISE ID THE OBOVE COUSE (A) UNDERLYING CONDITION IDSI. OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IN INC. 19A. DATE OF OPERATION 19B. CON WAS PER OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) 21D. TIME (Month) (Doy) (Year) 22. I certify that (1) (this hospital that (1) (we) lost saw the decease ond hour and from the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work At Work 1) ottended the deceosed from 9.1. ed olive on 1.3. ted above. (1) (Ne) (did not) M.D. At Ph M.D. At Ph M.D. At Ph M.D. At Ph	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	OF 12 YRS. NEARCTIONS 12 YRS. NEARCTIONS 12 YRS. CLULAR ANEWRYSM OF LOCAL SERVICE (If in Boltimore City, give exact location) URY OCCUR? 19 6.7 to 10:50 PM 8/13.19 6.7 of in (my (our) opinion deoth accurred on the control of the service state of the service state of the service of t



VS 150-REV. 1/1/65

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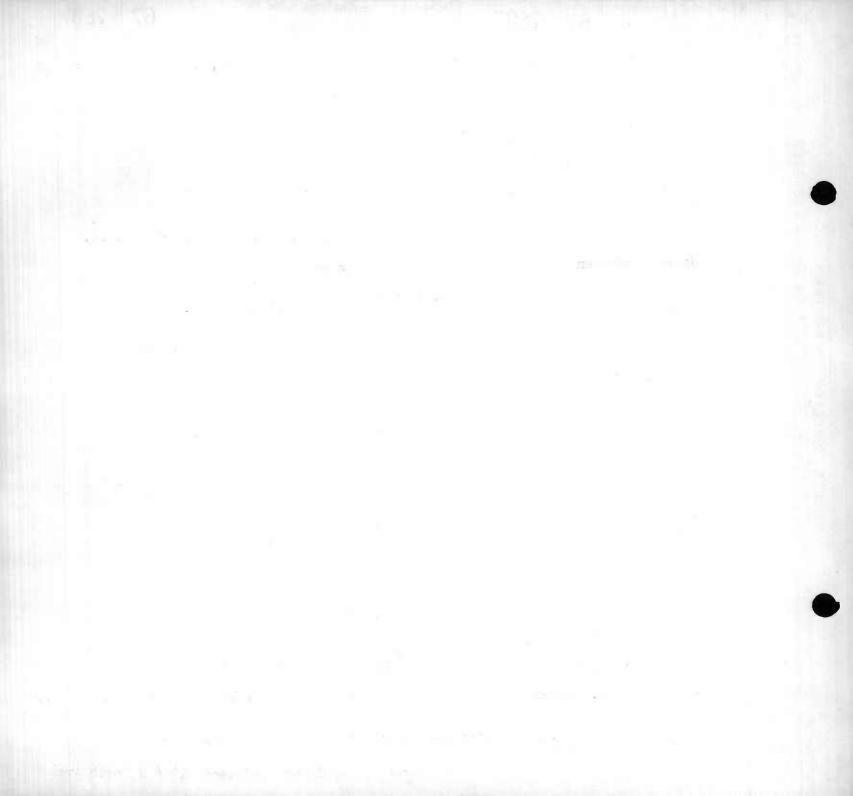
FULL NAME OF (If not in hospital or institution, give street	2. Date and hour of DEA Queust 13,	тн
THOMAS STAIGER PLACE OF DEATH IN BALTIMORE, MARYLAND		
PLACE OF DEATH IN BALTIMORE, MARYLAND	Queust 13.	
		1967 1 7:45 p
FULL NAME OF Ulf not in hospital as institution gave street	4. USUAL RESIDENCE (Where deceased lived. I	I institution residence before admi-
FULL NAME OF (If not in hospital or institution give street	Maryland	
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If autside city limits, with	. DIDAL I '
INSTITUTION	Baltuwe	te RURAL one give townships
Bou Secours Hospital		
Dog 9000013	1 //	1-12
	12 21 (arrill.	Auch
6. SEX 6. PACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years	Months: Doys Hours: N
m Causan married	- 12-22-96 MO	
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
lone dung most of working life, even if retired	Bottom N.	Y. WHAT COUNTRY?
3. FATHERS NAME		. 0-0.77.
3. FAIDER'S WAME	14. MOTHER'S MAIDEN NAME	
Meorge HAIGER	2	
S Was Decorated Everlin U.S. Armod Forces? // 116 SOCIAL	17. INFORMANT	ADDRESS
(es, novor unknown) (III yes, give wor or dotes of service) SECURITY NO.	Mrs ONA STAIGER- 123	1. Cam 10 11
100 100	MINDUNA SIA16-ER- 122	el carroxe -
18. 4 6 5 XI CAUSE	Ate Pulmonary ember	ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	-ts. ()	13 0
LEADING TO DEATH	He fullionery ember	yours wours
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	/	
injury ar camplication which caused death.)	a la u la adia a	
ANTECEDENT CAUSES	Carl Janua Estate	
DISEASES OR CONDITIONS, if ony, giving	,	
rise to the above couse (A) stoling the (C)		
UNDERLYING CONDITION last.		
11		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
WAS PERFORMED	IN CERIFFING	CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID (If in Bally	more City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	
	235 HOW DID WHITE COOLING	
OF INJURY	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Work At Wo	ork	
22. I certify that (1) (this hospital) attended the deceased fram	aucust 12 1967 to	allowst 13 196
	13 10 (3	and the same of th
that (I) (we) last saw the deceased alive an Culfust	13 19 67 and that in (my) (aur)	apinian death accurred an th
and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.	
23A. SIGNATURE		23B. DATE SIGNED
	Attending Med. Stoff Phys.	8/13/6)
23 C. PHYSICIAN'S	Phys. Director Phys.	0,.0,0
NAME (Type) PECAR A. BRAND	. 6	Vilat
ECSAR A. DRACE M.		spelal
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	CREMATORY 24D. LOCATION Packs	(City, town, or county) (S
REMOVAL (Specify)	looms Donto	Md
TACIDIA, ONOIKT WIND UTILL VO	- Pull	7
BURIAL SAND TOST GOLY QUE	25C. FUNERAL DIRECTOR	() ADDRESS

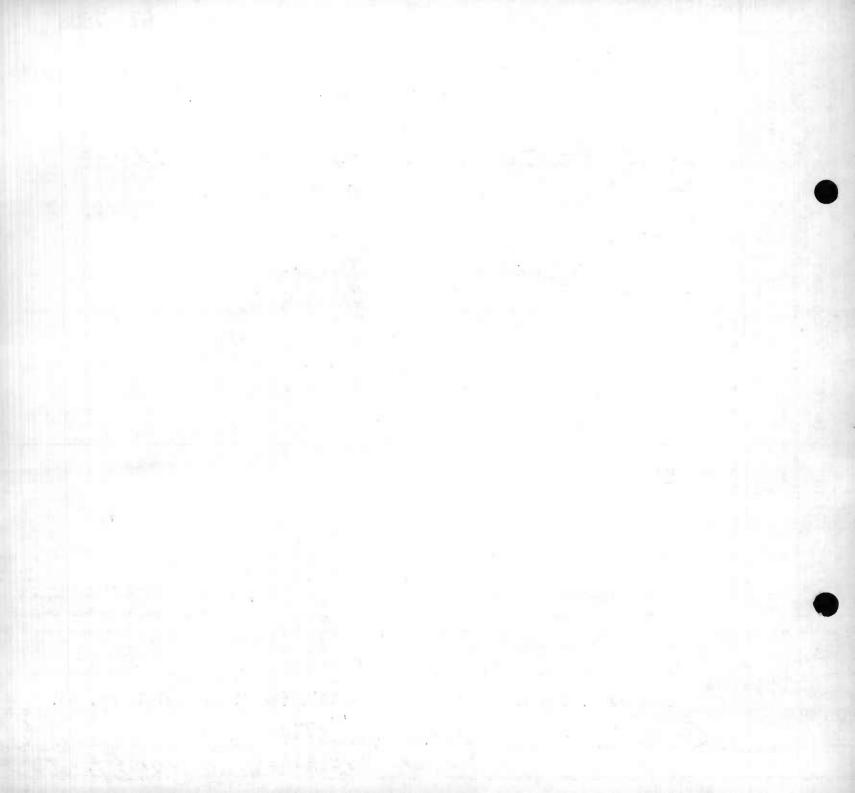
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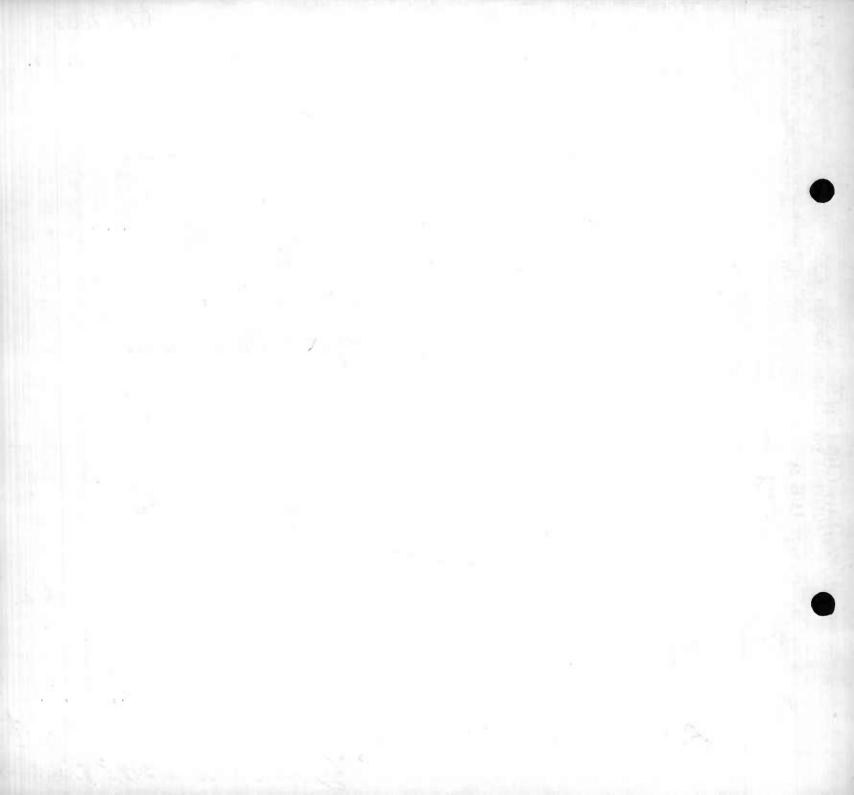


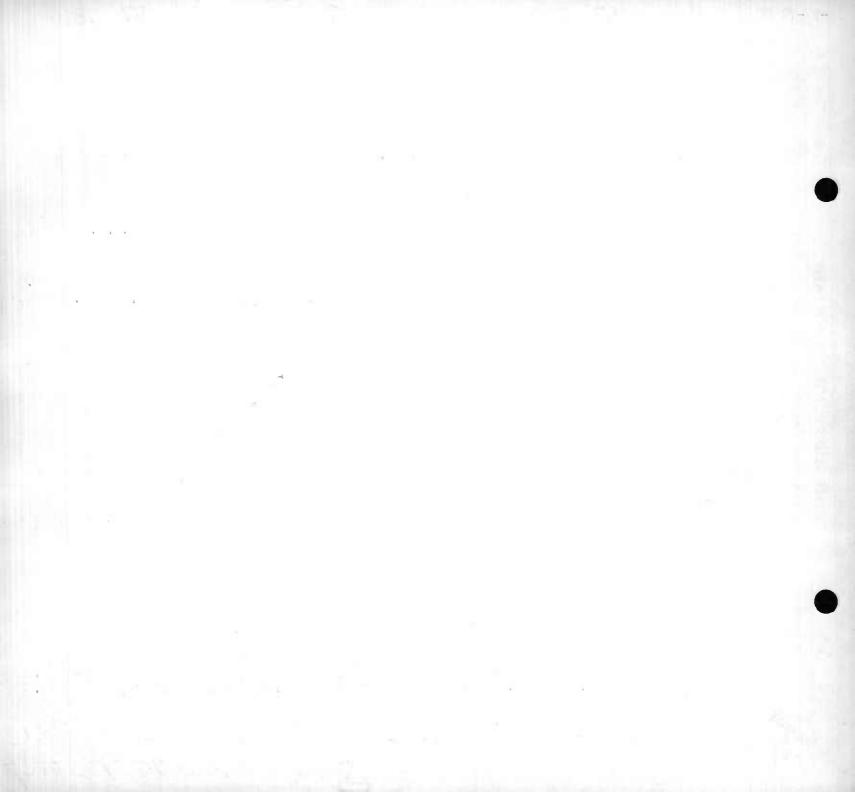
CHARM SHEEMERS SECTION SELECTION CHERRY THE MET METERS IN STREET 13 June 1850

1) IN 1010	OP	BALTIMORE CITY	HEALTH DEPARTM	MENT		CM	2002
	NO.	(57 78	307	CERTIFICA	TE OF DEA	TH	Registered No.	0/	7807
	CASE NO.					12.1	DATE AND	D HOUR OF DEATH	4	
(Туре	or Print)	Virginia			(McFadden)	-		t 13, 1967		6:50 pm м.
3. PL	ACE OF D	EATH IN BALTIA	MORE, MARYLA	ND	, P	4. USUAL RESIDEN		deceased lived. If i	institution: les	idence befare admission)
H-	JLL NAME OSPITAL O	R oddioss	in haspital as in o olocotion)	stitution, giv	ve street	Maryland	(If outs	sido city limits, writo	RURAL ond	givo township)
IN	20	Provider	nt Hospi		C.	Baltimore	е			
0	57		vision S			D. STREET ADDRESS	S (If r	utal, give locotian)		
-			re, Mary			504 Eage:	r Str		•	
5. SE	male	6. RACE Negro	1		DIVORCED (specify)	6/27/27		ast birthday)	If Under Manths	1 Yı. If Under 24 His. Doys Haurs Min.
		CUPATION (Give	kind of work 108.			11. BIRTHPLACE (Stot	to at fareig		12. CITIZ	EN OF T COUNTRY?
done	during mask	of working life, ever Housewif				71-17-17	1	7		
13. F.	ATHER'S N		. 0			Philadel	DEN NAN	Fennsylvar ME	nia U.	S.A.
	James	McFadde	n			Laura				
		ed Ever in U. S. wn) (If yes, give		service)	6. SOCIAL	17. INFORMANT				ADDRESS
	No				182-26-7/.1/.	Robert Da	ลบา๋ร	(hus) Same	9	
1	B. dingle	451			CAUSE O	DEATH	2410	Citab / Carine	11	NTERVAL BETWEEN
	DISE	ASE OR COND		LY	1		- 4	· To		NSET AND DEATH
	This does	nat mean the		na ea	DUE TO	reliyaan	07'	grencewa	wa	
	heart failur	e, asthonia, etc.	It moons the	disease,	501.10	Robert De Death Celegaeur		0.		
	injuly at c	ANTECEDENT		m.)	(B) K	ewal t	- au	lue	/	
ı .	DISEASES	OR CONDITIO		aivi-a	DUE TO			***************************************		
	rise to	the abave ca	iuse (A) slot		(C)					
		- 1								
ΙžΙ	TO THE	DEATH SUT	NOT RELATED							
		OF OPERATION			HICH OPERATION	NO NO	(05 01 No)	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS AUSES OF D	CONSIDERED EATH?
0 2	ACCID	ENT WAS UND	ERLYING _	21 B, P	LACE OF INJURY (e.g., in	or obout 21 C. WHER	E DID	(If in Baltimo	10 City, give	exact lacation)
4 L		ify medical oxam		home, etc.)	form, foctory, street, af	ice bldg., INJURY OC	CUR?			Mark.
000	21 D. TIME	(Month) (Do	ıy) (Yeai) (H	aur) 21 E. I	NJURY OCCURRED	21F. HOW	DID INJU	JRY OCCUR?		1
>	APPROX.			While Wark	Nat While					
2	2. I certi	fy that (1) (this	hospital) at	tended the	deceased from	August 8	1967	9 to Aug	rust 13	, 1967 19
1	hot (I) (w	e) last saw the	deceased of	ive on	August 13,	19679	ond tha	t in(my) (our) op	inion death	occurred an the date
1					(We) (did) (did not) v					
100	3A. SIGNA		2	-	7				23 B. DATE	SIGNED
	1	4llug	6		M.D. Atte		loi 🗌	Staff Phys.		
2	NAME	AT A	Tengco			Provident	Hosp	151/ Divi	igion S	t. Balto.,Md
24Å.		REMATION, 24B.	DATE	24C. NAA	M.D. AE of CEMETERY of CRE				City, tawn, ar	
	Buria]		170/67	Bal	timore Natio	nal		timore Mo		
	DATE REC	D BY HEALTH	EPT. 25B.		REGISTRAR	25C. FUNERAL D		THE PARTY OF THE		ADDRESS
		AUG 15	1967 R	De &	E. Jallema	Adolphu	s Ha	1stead 120	06 W No	orth Ave
VS 1.	50-REV. 1/	1/65								

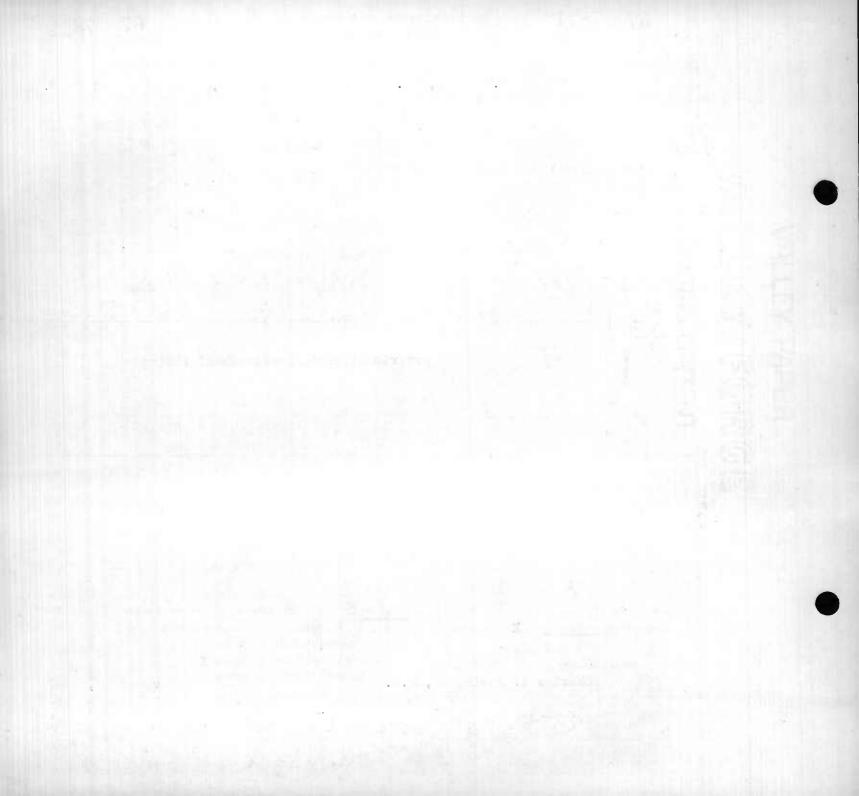






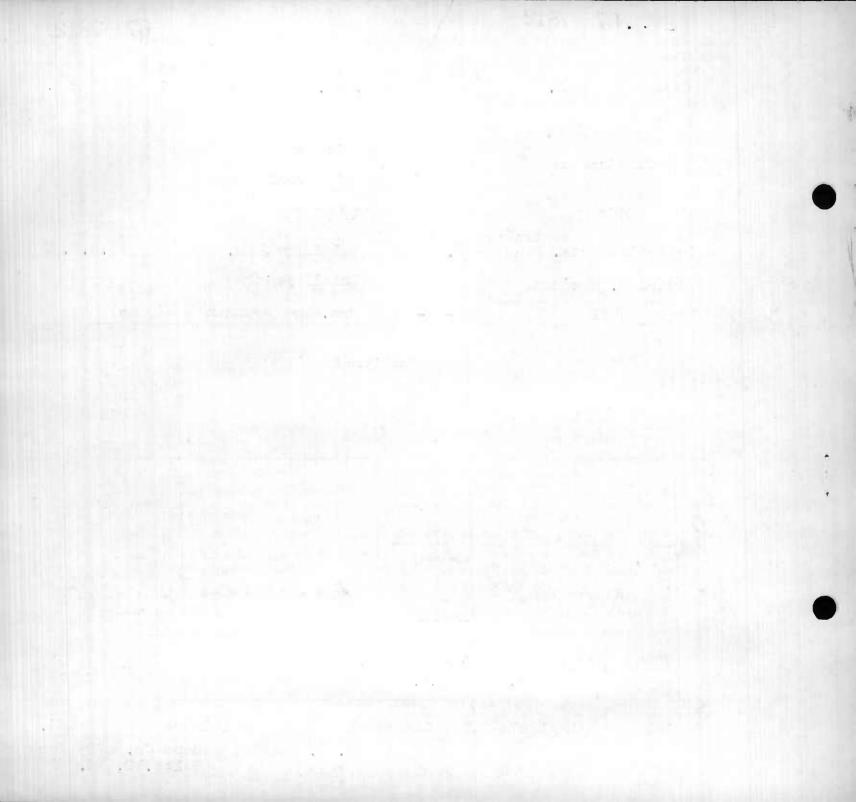


1	67 7811 BALTIMORE CITY HEALTH DEPARTMENT
B. JOO	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7811
N. 200	M.E. CASE NO.
	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR PRONOUNCED DEAD
	GEORGE A. BOWEN, SR. August 11, 1967 4:02 P.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE Maryland
	HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore 27-38-
	Union Momental Hamital (DOA) D. STREET ADDRESS (If rurol, give location)
	Union Memorial Hospital (DOA) 1713 Wadsworth Way
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months, Doys Hours, Min.
	Male White Widowed July 27, 1884 83
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13, FATHER'S NAME
	G-0 0 B
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
Links of the Village	182-09-0869 DEO. H. DOWER JR. DAME
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH Arteriosclerotic cardiovascular discool
	(This does not mean the mode of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)
The Halle	ANTECEDENT CALICEC
	ANTECEDENT: CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
319	T DISTANCE OF CONDITION OF RELATED TO THE
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Yes Yes
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIS- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR?
	21D TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.) WHILE AT NOT WHILE
	m. WORK AT WORK
	I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death In my apInIon
	resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner
	ACTUAL CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X
	EXAMINER'S NAME (Type) Charles S. Springate, M.D. ASSOCIATE MEDICAL EXAMINER August 12, 1967
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)
	REMOVER BURING 8-15-67 ST PETERS CEM NEW BRUNSWICK N.J.
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS 4905
NTREME	AUG 15 1967 Robert E. tarbunt Holls Jenkins & Sons to York Pd
	VS 151-REV. 1/1/65
	18AUTO, MD. 21212



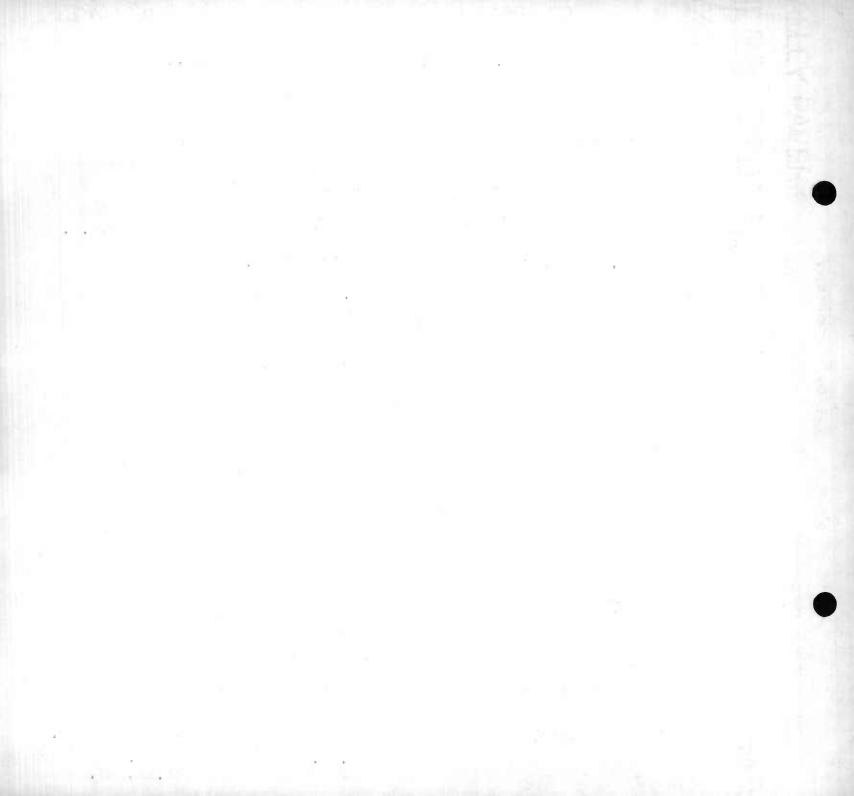
B-635 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7812

W.E. CASE NO.								
Type or Print)	EASED					HOUR PRONOUNCE		
EDWAR	D J.		BRENN	AN, Jr.	Augu	st 10, 1967	10	:00 P. M.
B. PLACE IN BALT	IMORE, MARYLAND, V	WHERE PRONOUNCED DI	EAD	A. USUAL RESID		leceosed lived, II insti B, COU	tution: residence NTY	before odmission)
OSPITAL OR	(IF NOT IN HOSPI	TAL OR INSTITUTION, GI	VE STREET			corporate limits, write	RURAL ond give	to waship)
NSTITUTION				Baltimo	ore	2	7-17	
213 Tu	mbridge Road	1		D. STREET ADD	RESS (II rurol,	give location)		
				213 T	umbridge			
S. SEX	6. RACE	7. MARRIED, NEVER M		8. DATE OF BIRT	Н	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
Male	White	Married		11/5/19	926	40		
OA. USUAL OCCU	PATION (Give kind of wo	Brokerage	S OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN OF	
egistere	d Repres.	Francis I.	Dupont	Baltin	nore N	ld.	U.S	
27.7	T D			Fetal'	l Smith			
5. WAS DECEASE	BEVER IN U.S. ARME			17. INFORMANT	L DIEL OI		ADDRESS	
	Of yes, give wor or do		20-1815	Mns M	ary Bre	nnon ((Same)	
Yes	MMTT	F20=			ary Dre	IIIICII (VAL BETWEEN
F 9	10.2V		CAUSE	OF DEATH				T AND DEATH
DISEAS	E OR CONDITION DEAT		Do sale	: to to				
(This does n	not mean the mode	of dving, e.g.,	DUE TO	iturate O	verdose			
injury or cor	osthenio, etc. It meor application which coused	death.)						
Δ	NTECEDENT CAUS	24						
	OR CONDITIONS, IF		(B) DUE TO		,,			
RISE TO TH	E ABOVE CAUSE (A)	STATING THE						
z			(C)					
Ĕ	N							
OTHER SIGN	VIFICANT CONDITION DEATH BUT NOT R							
DISEASE OF	R CONDITION CAUSIN	IG IT. ···			o /V NI V			FAFO
DATE OF		NDITION FOR WHICH O	PERATION			N CERTIFYING CAUS		EKED
ZIA. EXTERNA	L CAUSE WAS	218 PLACE OF	F INJURY (e.g.	in or about 21C. V		Lin Boltimore City aix	ve exact location)	
UNDERLYING	SE OF DEATH.	home, form, foretc.)	actory, street, a	office bldg., INJUR	Y OCCUR?	I in Boltimore City, giv	Kan-1	
21 D TIME	(Month) (Doy) (Ye	or) (Hour) 21E, INJUR	RY OCCURRED		OW DID INJU			
OF INJURY	(Monin) (Doy) (Te	UNK WHILE AT				Au	ly in	rested.
22.	8 10 6	m. WORK	L AT W	ORK X a	n over	dase of	bart	etimate
	rify that I held an	Inquiry Inspec	tlan X Aut	apsy 🗌 an	d that on this	s basis, death in m	y apinlan	
resul	ted fram: Natural c	auses Accident	Sulcide	e Hamic	ide U	ndetermined manne	er X	
	1	1		CHIEF	EDICAL EX	AMINER _	D.4	TE CICHED
ACTUAL	TIPE /Illen	81. 5 t/		ASSISTANT M	EDICAL EX	AMINER X	DA	TE SIGNED
SIGNAT EXAMIN NAME (ER'S Wern	er U. Svitz,		ASSOCIATE A			8/1	1/67
3A. BURIAL CRE	MATION, 23B DATE	3C. NAME	of CEMETERY o	CREMATORY	23 D. LC	CATION (City,	town, or county)	(Stote)
REMOVAL (Specify Burial	8/11/	1967 New	Cathed	ral	1	Baltimore		Md.
	BY HEALTH DEPT.	24B, NAME OF REGIS					APDRE	
	AUC 1 5 1067	00 893	alle 194	H. W.	Jenkin	ns & Sons		
	AUG 1 5 1967	Moren,	17	0 17 6	0 0	Balto	0.12, Mo	1.



NAME OF	DECEASED			2. DATE AN	D HOUR OF DEATH	
Type or Print)	Mar	ie A.	Frederick	Au	gust 13,1	967 7:15 p
PLACE OF	DEATH IN BALTIMORE, MA		1100011011	4. USUAL RESIDENCE (Where	deceased lived. If in	stitution; residence before admission
FULL NAM HOSPITAL C INSTITUTION	OR oddress or locatio	on)		Maryland c. city of fown (If outs Baltimore	side city limits, write	RURAL and give township)
90	Gould Conv	alesar	ium	_ 6116 Bela	urol, give locotion) air Road	
F F	6. RACE	Neve	never Married b, Divorced (specify) r Married	3-21-1893	ost birthdoy)	II Under 1 Yr. If Under 24 He Months Doys Hours Min.
		k 108, KIND OF	BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
	it of working lite, even if retired) IOMAKEP	Own :	Home	Maryland		U.S.A.
3. FATHER'S	NAME			14. MOTHER'S MAIDEN NAM	A E	0.54
	es H. Freder			Elizabeth M	. Frederi	ck Address
	own) (If yes, give wor or dote		1 6. SOCIAL SECURITY NO.		derick 72	7 Milyer Lane
heart fails	LEADING TO DEATH is not mean the mode of ure, osthenio, etc. It means complication which coused	s the diseose,	DUE TO	RCINOMA C	ETASTA	5/5
rise la	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) (ING CONDITION last.	ony, giving	(B) DUE TO			
UNDERLY	ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A)	ony, giving stating the CONTRIBUTING ATED TO TH	(C)			
OTHER SI TO THE DISEASE	ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) (ING CONDITION last.	ony, giving stating the CONTRIBUTING ATED TO THIT.	(C)			
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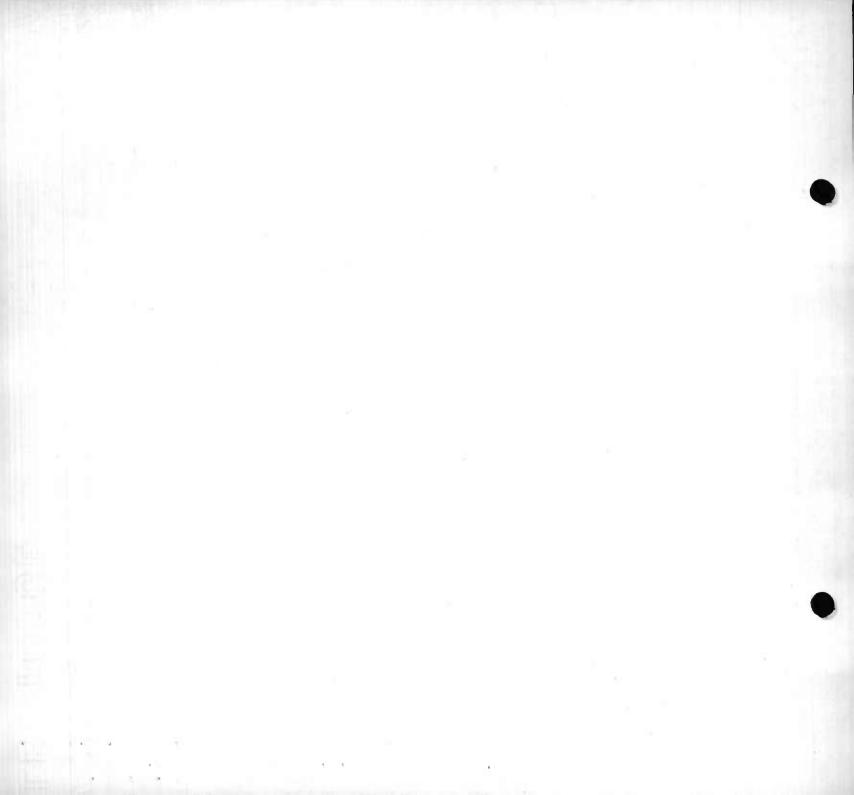


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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was b.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	5, SEX 10A, US done du
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BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION THE PROPERTY OF	ve stroot C. CITY OR TOWN	ATH Registered No. O Date and Hour of Death S-13-67 NCE (Where doceased lived. If Institute B. COUNTY)	2:15 Pm.
1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR oddross or location)	ve stroot C. CITY OR TOWN	NCE (Where doceased lived. If Astitu	2:15 P.M.
FULL NAME OF (If not in hospital or institution, gr	c. CITY OR TOWN	B. COUNTY	tion: residence boforo admission)
Mercy HOSK	B. 13	V (If outside city limits, write RUR)	103
	Difa/ D. STREET ADDRE	SS (If rurol, give location)	
5. SEX 6. RACE 7. MARRIED, WIDOWED,	NEVER MARRIED B. DATE OF BIRTH	9. AGE (In years 75) If	Under 1 Yr. If Under 24 Hrs. Min.
	TING BAI	1to.	2. CITIZEN OF WHAT COUNTRY?
JAMES M. Gilles pie	14. MOTHER'S MA AMEL 17. INFORMANT	- 1A KEEN	NAMUTH
(Yos, no ar unknown) (If yes, give wor or dates of servico)	6. SOCIAL SECURITY NO. 212-36-136 WILL CAUSE OF DEATH	LIAM A. GILL	ESPIE, TR
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g.,		las accident	ONSET AND DEATH
heost foilure, osthenio, etc. It meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES		tic Cardiovascula	
DISEASES OR CONDITIONS, il ony, giving rise lo lhe obove couse (A) stoling the UNDERLYING CONDITION lost.	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION FOR W	405		S OF DEATH?
DEATH (notify modical examiner) otc.)	PLACE OF INJURY (e.g., in or obout 21 C. WHE , form, foctory, street, office bldg., INJURY C		ty, give exact lecotion)
(APPROX.) Whit	Not While At Work	V DID INJURY OCCUR?	1
22. I certify that (I) (this haspital) attended the that (I) (we) last sow the deceased alive on ond hour and from the causes stated above. (I)	Aug 13 / 1967	ond that in (my) (our) opinion	1967
23A. SIGNATURE Tenne of Stern	M.D. Attending Mo		E DATE SIGNED S/14/67
23C. PHYSICIANS NAME TYPO! VENNETH STERN	23D. ADDRESS M.D. MEG		own, or county) (State)
Burial 8/17/1967	Druid Ridge	Pikesville. Ba	lto.Co., Md.
AUG 1 5 1967 158, NAME O	REGISTRAR H.W. Jet	nkins & Sons Co. Balto.1	4905 York Road



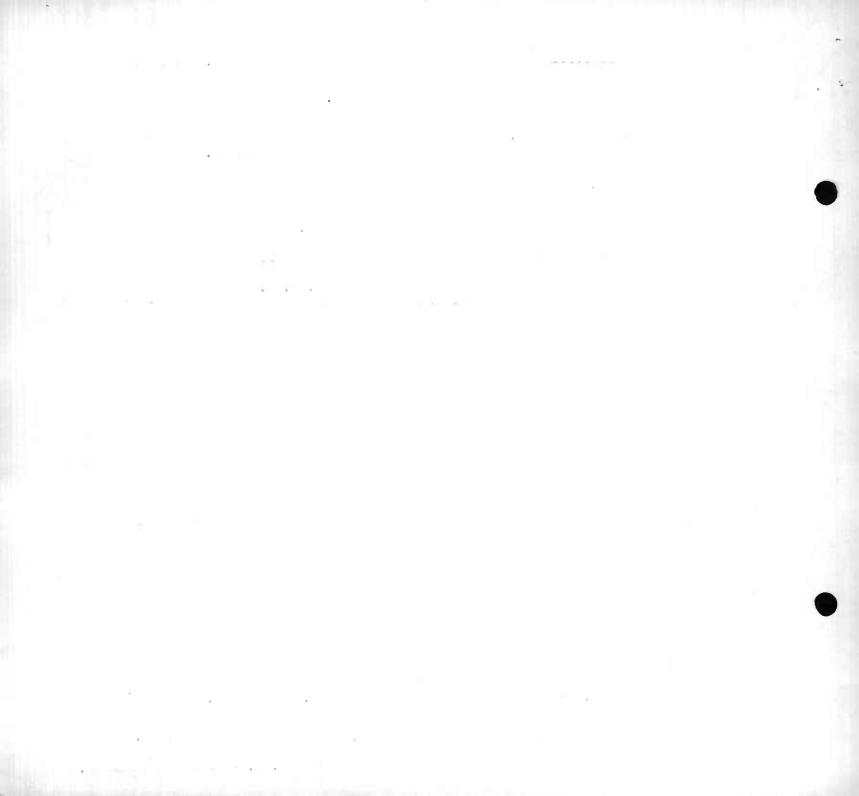
BIRTH NO.

67 7816 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.	E CASE NO.					>			
1.	NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD	
119	ANNA	I		LLO	ZT)	Augu	st 11, 1967	7	1:05 P. M.
FU	PLACE IN BAL	(IF NOT IN HOSPIT	AL OR INSTIT		4. USUAL RESIDE A. STATE Maryla	NCE (Where d		UNTY B	dence before admission)
	SPITAL OR	ADDRESS OR LOCA	ATION)				corporote illinis, will	E KOKAL ON	id give lowinship?
4	o St.	Agnes Hospit	al		Baltim D. STREET ADDR		give location)	٥,	3-00
/					1026	Courtne	y Road		
5.	Female	6. RACE White		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
dor	e during most of	working life, even if retired)	1	ery Glass Co.	Pen	nsylvani		12. CITIZE WHA	T COUNTRY?
13.	FATHER'S NAM	Russell F. Ne	whard		G.	_	A. Kraft		1 26
		D'EVER IN U.S. ARMEE) (If yes, give war or dold		16. SO CIAL SECURITY NO. 220-14-7178		hn Lloye ourtney	Rd 2122	ADDRESS	
	18.	1.0.		CAUSE	OF DEATH				INTERVAL BETWEEN
Z	(This does heart foilure injury or co DISEASES RISE TO TH	SE OR CONDITION DI LEADING TO DEATH not meon the mode of , osthenio, etc. It meon mplicotion which coused ANTECEDENT CAUSE OR CONDITIONS, IF A LE ABOVE CAUSE (A) S NG CONDITION LAST.	dying, e.g., the discose, deoth.) S NY, GIVING	(A) Fatty DUE TO (B) DUE TO (C) (C)	7 Alterati	on of L	iver		ONSET AND DEATH
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		URE JUST	nquiry U	Inspection Pa	e Homicia	de U	AMINER X		DATE SIGNED 8/11/67
	NAME (Type) Werne.	r U. Spi	C'NAME OF CEMETERY				y, town, or c	
	MOVAL (Specif Burial	8/14		Loudon Parl			Baltimore,		
24.	A. DATE REC'D	AUG 1 5 1967	A	of REGISTRAR L. Fallman		e F. D.	- 4101 Ed		n Ave.
VS	151-REV. 1/1/	65	7	1700		0			

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Type or Print)	Jeannet Jeannet	te Musik	2. DATE AN	Aug. 11,	1967 9:30 P.
PLACE OF D	EATH IN BALTIMORE MA		4. USUAL RESIDENCE (Whe		stitution: residence before admission
FULL NAME HOSPITAL OR		ar institution, give street	Md.	ITY	RURAL ond give lownship)
INSTITUTION			Baltimore	iside ony minis, mine i) > 1)4
m - 4	502 Manordene	Rd.		rural, give location!	-0.01
00			4502 Manorde		
F SEX	Cauc.	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH 10/21/93	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA. USUAL OC	CUPATION (Give kind of work	108 KIND OF BUSINESS OR INDUSTR		ign_country)	12. CITIZEN OF
	of working life, even if retired)		Mass.	·gii cooniiy/	WHAT COUNTRY?
3. FATHER'S NA	ME	1	14. MOTHER'S MAIDEN NA	ME	
	Merrell		e-thran		
	the Ever in U. S. Armed For vn) (If yes, give wor or dote		17. INFORMANT H. A.	Musk	- Glen Burnbe
10			OF DEATH	realist offers	
18.	0 //		OF DEATH		ONSET AND DEATH
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(This does		(A)	Coronary Um	on bres	1) news
	not mean the made of a sthenio, etc. It means	the disease.			
	mplicolian which coused	deoth.)	7 0 0 11 1	•	
		/			
	ANTECEDENT CAUSES	(B)	Decelo au	leave	
DISEASES	ANTECEDENT CAUSES	(B) Q	es-telle ou	llre_	***************************************
	OR CONDITIONS, if	ony, giving	a)-C. V. av.	Den.	2 years
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OTHER SIGN TO THE DISEASE OF DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DEATH (notified by the death of the terms of t	OR CONDITIONS, if he above cause (A) IG CONDITION last. II SIFICANT CONDITIONS CONDEATH BUT NOT RELATED FOR OPERATION 198. CON WAS PERIOD (Manth) (Day) (Yeorland) (Manth) (Manth	CONTRIBUTING ATED TO THE IT. DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, foirm, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Wh At Work At Work At Work At dealive an Audit (did not) At acclaughlin M.D. At Ph 24C. NAME of CEMETERY of Ci	in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	OI 208. IF YES, WERE IN CERTIFYING CAN (If in Boltimore URY OCCUR? 19 Ly to Ordinate in (my) (our) apli Stoff Phys. RE Rd. OCATION (Cir. Baltimore,	FINDINGS CONSIDERED USES OF DEATH? City, give exact locohon! 19 6 7 Thian death accurred an the death accurred an the death accurred and the death accurred a



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR PRONOUNCED DEAD 1. NAME OF DECEASED (Type or Print) JOSEPH DARDA August 12, 1967 2:50 A.M. 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) **FULL NAME OF** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HOSPITAL OR Baltimore D. STREET ADDRESS (If rurol, give location) 259 S. Ann Street 259 S. Ann Street 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years lost birthdoy) If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months | Doys | Hours | Min. Male White Married 1889 ? March 1889 7 | 11. BIRTHPLACE (State or foreign country) IDA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? U.S.A. Laborer Pol and 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Lawrence Darda Katarzyna 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16. SO CIAL (Yes, no or unknown), (If yes, give wor or dates of service) SECURITY NO. 218-03-1829 Angela. Amelia Darda 259 South Ann Street No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic heart disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. NO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING U TO THE DEATH BUT NOT RELATED TO THE CERTIFIC DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? ZIA. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) hame, form, factory, street, office bldg., INJURY OCCUR? UTING CAUSE OF DEATH. Σ 21D TIME 21 E. INJURY OCCURRED (Month) (Doy) (Year) 21 F. HOW DID INJURY OCCUR? (Hour) OF INJURY WHILE AT NOT WHILE 22. Inspection X I certify that I held an Inquiry Autapsy and that on this basis, deoth in my opinion resulted fram: Natural causes X Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINERX SIGNATURE ASSOCIATE MEDICAL EXAMINER

August 12, 1967

ADDRESS

(City, town, or county)

German Hill Rd. Baltimore. Md.

23 D. LOCATION

George A. Weber 705 South Ann Street

24C. FUNERAL DIRECTOR

REMOVAL (Specify)

EXAMINER'S

NAME (Type) 23A, BURIAL CREMATION.

Bur ial

24A. DATE REC'D BY HEALTH DEPT.

23B. DATE

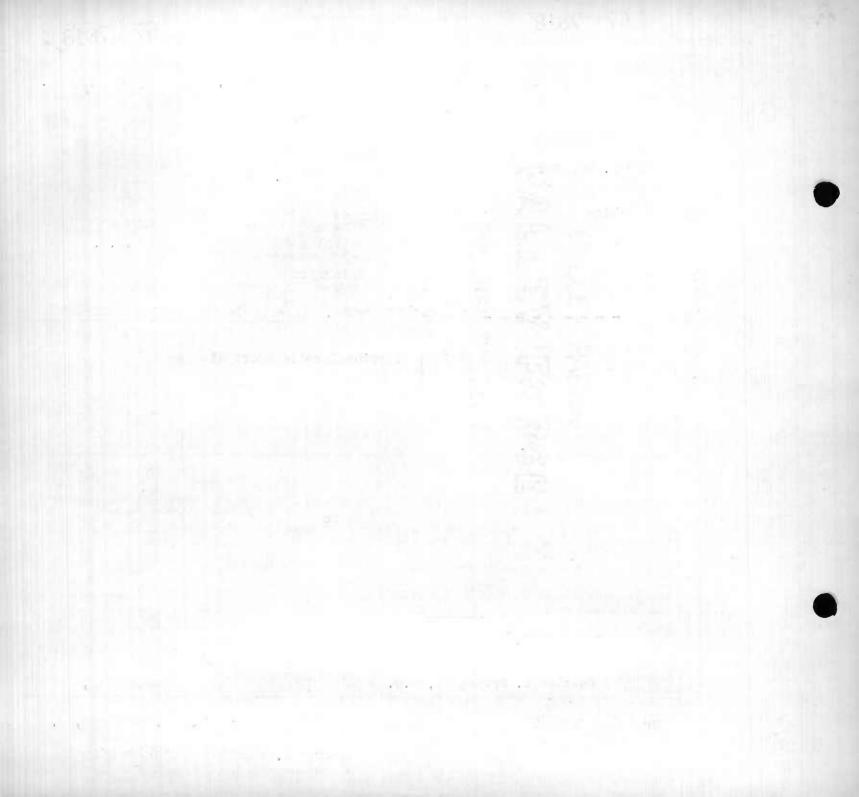
8/16/67

Charles S. Springate, M.D.

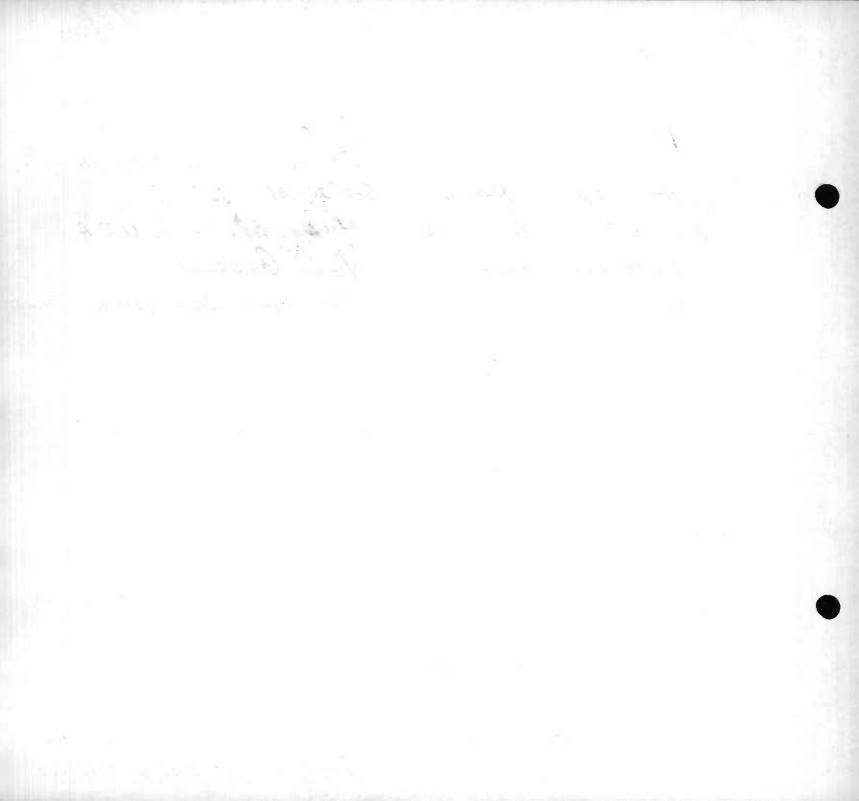
24B, NAME OF REGISTRAR

23C. NAME of CEMETERY or CREMATORY

Holy Rosary Cemetery



	019 190 /		HEALTH DEPARTMENT		ald
BIRTH NO.	67 781	9 CERTIFICA	TE OF DEATH	Registered No	670510
M.E. CASE NO. 1. NAME OF DECEASED	-			ND HOUR OF DEATH	01, 1013
Type or Print) 6	c 4	11:00	2. DATE A	I / T	230
B. PLACE OF DEATH IN BALTIMOR	5 //	18N	8-1	1-6/	3 0 M
FLACE OF DEATH IN BALTIMOR	E, MARYLAND		A. STATE & B. COUN	NTY	stitution: residence before admission)
FULL NAME OF (If not in he	spital or institution,	give street	m		1-0~1
HOSPITAL OR oddress or		give succi	C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
INSTITUTION	111 41	^	Rat+:	mero	md.
Botton H	111 Nu	rsing	D. TREET ADDRESS (III	rurol, give location)	1110.
por in in	11	2 1 10	/ F-1	211/ 1/2	CCman St
	$ \pi$	me	- COC) W. 140	FFINON SI.
S. SEX		, NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
MAE NEGRO	. 4 4 4	PRRIED	SEP1 20, 1881	85	
OA, USUAL OCCUPATION (Give kind		F BUSINESS OR INDUSTRY	11. BIRTHILACE (State or fore	ign country)	12. CITIZEN OF
lone during most of working life, even if r	etired)	ow CAB	The The	7 1-0 1	WHAT COUNTRY?
AllENDANI	JENN	CAD	JOVANS/ B	DALIO (O. MC	1 0.3.4
3. FATHER'S NAME	1/1		14. MOTHERS MADEN NA	ME	
John Nicholas	1/1/2	U	Muno 15	455AWAY	
5. Was Deceased Ever in U. S. Arm	and Forces?	1 6. SOCIAL	17. INFORMANT	TOS HVERY	ADDRESS
Yes, no or ugknown) (If yes, give wor		SECURITY NO.	1	- 111	
10		22012654	A MES. HNNA	t. HLLEN	650 W. Hottman.
18.4.20.01		CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITIO	N DIRECTLY				ONSET AND DEATH
LEADING TO D		01.3	to a sor la		
(This does not mean the ma	de al dying, e.g.,	DUE TO	Cluer apa y	myouren	762
heart lailure, asthenia, etc. It					
injury at complication which c		in Q	then die	11-	
ANTECEDENT CA	AUSES	DUE TO			
DISEASES OR CONDITIONS		M	0 1-1	1001	
rise to the above cause		(C) /// O	Symbolism and	delity	nger.
UNDERLYING CONDITION IO	\$1.			/	
Z OTHER SIGNIFICANT CONDITION					
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU					
DISEASE OR CONDITION CAU	SING IT.				
	S CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or N	ON CERTIFYING CAL	FINDINGS CONSIDERED
E ()					
OR CONTRIBUTING CAUSE OF	ING 218	LPLACE OF INJURY (e.g., i	or obout 21C. WHERE DID	(If in Bollimore	City, give exact location)
▼ DEATH (notify medical examiner)			fice bldg., INJURY OCCUR?		
O 21 D. TIME (Month) (Doy)	(V) (H) [215	INJURY OCCURRED	215 11011 515 111		
OF INJURY			21F. HOW DID IN.	TORY OCCUR!	
(APPROX)	Wo	nile At Not While At Work			
22. I certify that (I) (this ho	spital) attended t	he deceased from	.010	10 67 10	8/11 1967
		/		19.6.7. to	,
that (I) (we) last sow the de	ceosed olive on	······································		not In(my) (our) opii	nian deoth occurred on the do
and hour and from the couse	s stated above. (1) (We) (did) (did not) v	lew the body ofter deoth.		
23A. SIGNATURE					23B. DATE SIGNED
all	m.	M.D. Alle	ending Med.	Staff Phy s.	8/12/1
23C. PHYSICIAN'S			230. ADDRESS	rnys.	0/11/6/
NAME (Type)	0.11				
MCLI	AN H.	MACHTM.D.	26 12/21	49. 51	BALTO MY 2/2
24A. BURIAL CREMATION, 24B. DA	TE / 24C.N.	AME of CEMETERY OF CRE	MATORY 24D. L	OCATION (Cit	ty, town, or county) (Stoje)
REMOVAL (Specify)	11/12 /1	no Man	, Park	/	Marilland
BURIAU 8/1	16/ HI	RUER MEMBRIA	1/1/1	UREL	MAKALLI
25A. DATE REC'D BY HEALTH DEPT		OF REGISTRAR	25C. FUNERAL DIRECTO	1 / Carrier	ADDRESS
AUG 1 5 19	167 Below	L C I CONTROLLING	HERDERI-E. Y	VU /1EN 303	5 W. NORD, ANTE
VS 150-REV. 1/1/65			71		



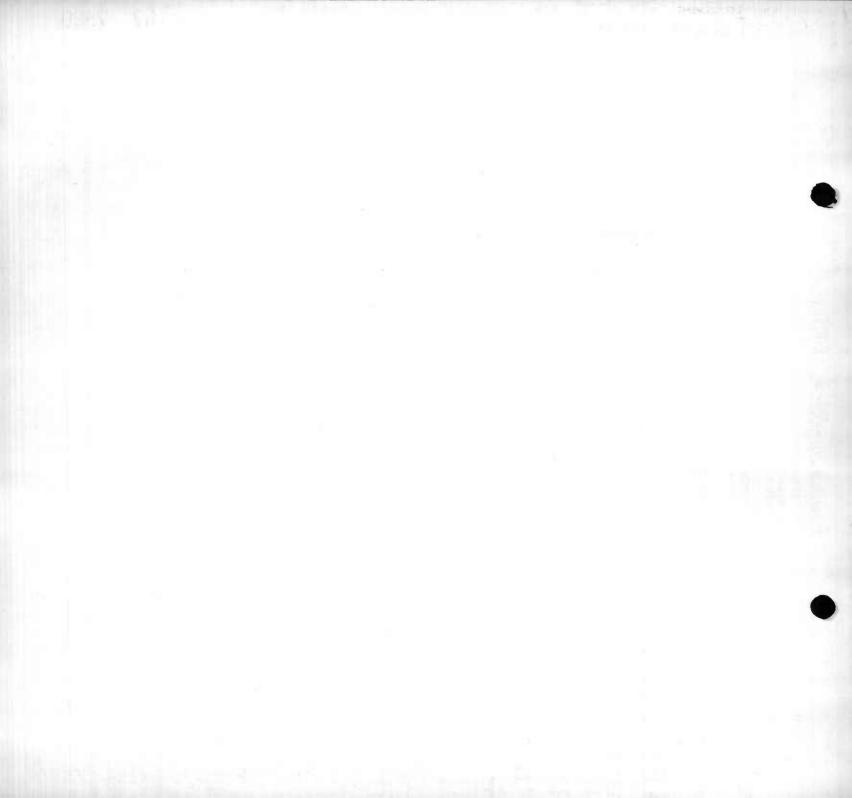
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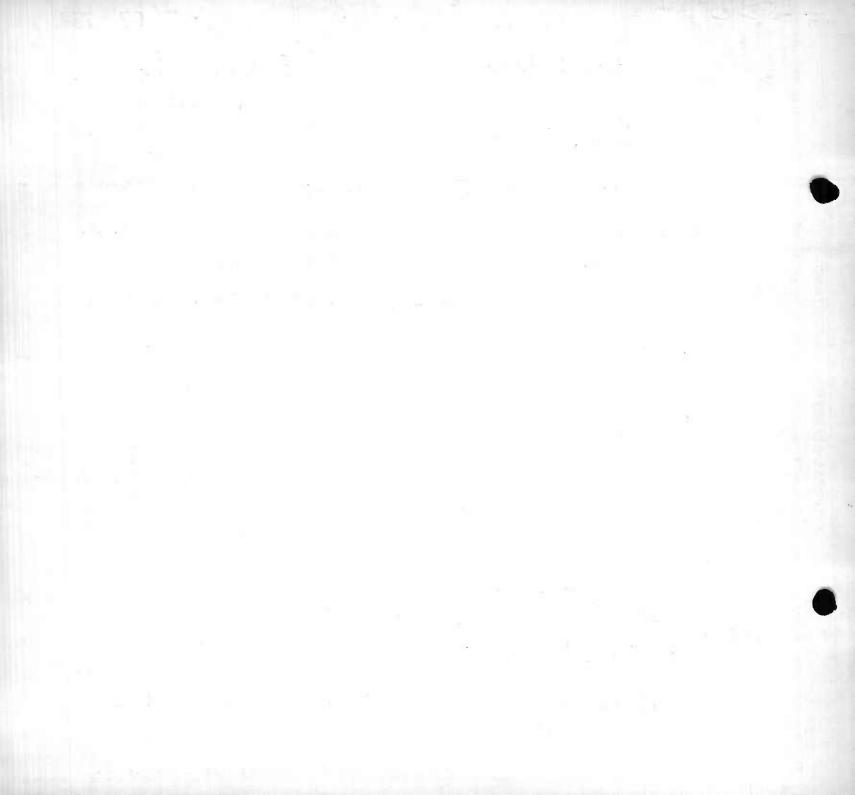
VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Registered Na. 8-14-1967 9:15 AM
RESIDENCE (Where deceased lived, II institution: residence before admission) (II outside city limits, write RURAL and give township BALTITLORE Il Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ...and that in (my) (aur) apinion death accurred on the date 23 B. DATE SIGNED ADDRESS ILCREH FUNDERIL HOME USIO BELDIX



o before odmissi lownship) If Under 24 H Hours Min.							
If Under 24 H Hours Min.							
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196							
22. I certify that (1) (this hospital) attended the deceased fram 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10							
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
IED							
12,196							
y) (Stote							
DRESS							



DIRECTOR: gu who 9 the remains Was FUNERAL Idn where hospital °N **b** (except w ; and (6) obtained ath) hospital 0 approval D prior at

o

Was

NAME IType

REMOVAL (Specify)

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, 248, DATE

P. Desmond

HEALTH DEPT.

ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the obove couse (A) sloting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION CERTIFI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? Ilf in Boltimare City, give exact location) DEATH (notify medical examiner) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR OF INJURY While At Not White IAPPROX.) At Work Work 22. I certify that (I) (this hospita) attended the deceased from that (1)((we) last saw the deceased alive on ond that in (my (our) opinion death occurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATUR 23B, DATE SIGNED Altending M.D. Med. Staff Phys. Director Phys. 23 C. PHYSICIAN'S 23 D. ADDRESS

24C. NAME of CEMETERY OF CREMATORY

REGISTRAR

4940 Eastern Avenue

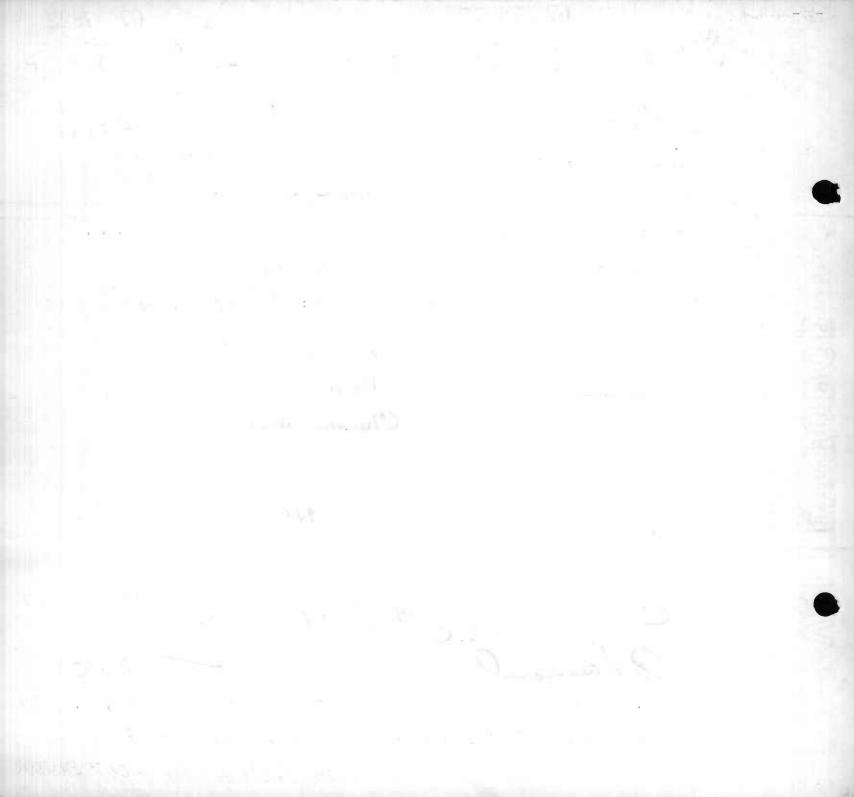
25C FUNERAL DIRECTOR

24D. LOCATION

Baltimore, Md. #21224

ADDRESS

Eastern

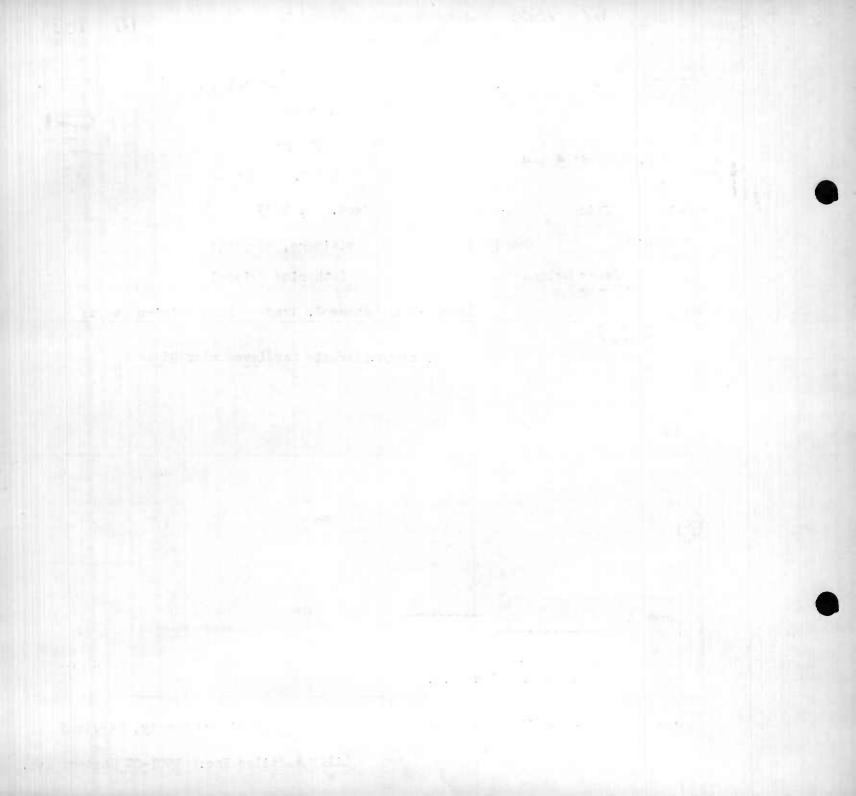


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MP	his so, of a process	
=	Alatono	
FUNERAL DIRECTOR: IMPORTANT	pproved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the standard (6) No physician was in regular attendance on the deceased prior to peath. Such so the cause the remains are embalmed or final disposition is made.	
5	A fr)
A m	(3) (3) (4) (5) (5) (5) (6)	
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A	med ber bur hys	
LER	a na)
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	ppr am)	3
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	den den osp	>
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased the B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to physician was in regular attendance on the deceased prior to perform the physician was in regular attendance on the deceased prior to perform the physician was in regular attendance on the deceased prior to perform the physician was in regular attendance on the deceased prior to prove the performance of the physician was in regular attendance on the deceased prior to prove the performance of the physician was in regular attendance on the deceased prior to prove the performance of the physician was in regular attendance on the deceased prior to the physician was in regular attendance on the deceased prior to prove the physician was in regular attendance on the deceased prior to physician was in regular attendance on the deceased prior to prove the physician was in regular attendance.	3
	An An orion	2
	E O B	3
	ws:	
	This certificate must be appeared to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death);	

BIRTH NO.	67 782	3	HEALTH DEPARTMENT		67 7823
M.E. CASE NO.			TE OF DEATH	AND HOUR OF DEATH	
Type or Print)	Valentine	J. Kozarski	2. DATE	AND HOUR OF DEATH	17:10 0
3. PLACE OF DEATH IN BALTIMO	DRE, MARYLAND	R5KI	4. USUAL RESIDENCE WA. STATE B. CO	Where deceased lived. If i	nstitution: residence before admission
FILL NAME OF ILL got in	hospital or institution	nive_street	MARGAINI	rd	
RHUSICATE	AMENI	DED 8/18/67	C. CITY OR TOWN (1	f outside city limits, write	RURAL and give township
42		0/20/0	D. STREET ADDRESS	(If rurol, give location)	
SINA HOSNIT	tol of BA	Itimone Jac.	2306 1	Boston St	J 24
SEX 6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
mw	m	ARRIEL	2/13/12	55	
OA, USUAL OCCUPATION (Give ki		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman		and Packing Co	. Baltimore,	Maryland	11519
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Juli	us Kozarski		Katherine		
5. Was Deceased Ever in U. S. A fes, no or unknown) (If yes, give wo	rmed Forces? or or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANTIda I	2306 ADDRESS	
No		215-10-7782	Mrs. Cather	2308 Boston St.	
1B. // = V		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDIT		A		· 1	ANKUYIMMTELY
LEADING TO		(A) CUS	CINUMB 0	of Luna	and 2 me
(This does not mean the r					
injury or camplication which	coused death.)				
ANTECEDENT	CAUSES	(B)			
DISEASES OR CONDITION	NS if any giving	DUE 10			
rise to the above cou	se (A) sloting the	(C)	00000==0==0==00000=0=0=0===0==0========	0 = 0 = 0 = 0 = = = 0 = = 0 = = = = = 0 =	
UNDERLYING CONDITION	losi,				
7		· LEmphys	ema		
OTHER SIGNIFICANT CONDITOR TO THE DEATH BUT NO DISEASE OR CONDITION CA	OT RELATED TO TH	G	40.4	Ann Orange	
DISEASE OR CONDITION CA	98. CONDITION FOR		20A. AUTOPSY? (Yes		FINDINGS CONSIDERED
19A. DATE OF OPERATION 1	VAS PERFORMED		100	IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDER	RLYING 218	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DI	D III in Boltimo	re City, give exact location)
OR CONTRIBUTING CAUSE		ne, form, foctory, street, of .)	fice bldg., INJURY OCCU	R?	
21D. TMF (Month) (Dov	(Yeor) (Hour) 21E	. INJURY OCCURRED	21F, HOW DID	INJURY OCCUR?	
OF INJURY (APPROX.)		nite At Not While			
(APPROX)	Wo	ork			
22. I certify that (I) (this		1	aug !	19 6/ 10 a	May 13 19 67
that (1) (a) lost sow the	deceosed alive on	augh	19 le / an	d that in (my) (op	inion death accurred on the c
and hour and from the cou	ses stated above. (l) ((did) (d id not) v	iew the body ofter dec	oth.	
23A. SIGNATURE	, , ,	0			238, DATE SIGNED
Edwar	174 /	M.D. Atte	ending Med. Director	Stoff Phys.	Que 13 1967
23C. PHYSICIAN'S	1 00	101	23D. ADDRESS	2 1	The state of
NAME (Type)	nd H 1.	ZAR M.D.	Seman to	bratalo	1 Bullimm
24A. BURIAL CREMATION, 248.	DATE 24C.N	AME of CEMETERY of CRE	MATORY 24	D. LOCATION	City, town, or county) (State
Burial 8-	17-1967 St	Stanieloue	1314	Baltimone Me	nyland
25A. DATE REC'D BY HEALTH DI		OF REGISTRAR	25C. FUNERAL DIREC	CTOR MALOT W	ADDRESS
		Stanislaus OF REGISTRAR	25C. FUNERAL DIREC	Baltimore, Ma	

Lilly & Zeiler Inc. 1901 Eastern Aus. VS 150-REV. 1/1/65

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M.E. CASE NO.					O DATE AND	HOUR MANAGEME	D DEAD		
(Type or Print) LILLIAN	AFF	2. DATE AND HOUR PRONOUNCED DEAD August 13, 1967 12:15 P.M.							
3, PLACE IN BALTIMO	RE, MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDE A. STATE Maryla	NCE (Where do	eceosed lived. If inst	itution: resid JNTY	ence before of	lmi s sio n
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				C. CITY OR TOWN (If outside corporate limits, write RURAL and give to makin)					
636 S. K	D. STREET ADDRESS (II rurol, give locotion)								
9			636 S. Kenwood Avenue						
5. SEX 6. RA	White		NEVER MARRIED DIVORCED (specify)	Sept. 14		9. AGE (In years lost birthday)		Tr. If Under	
0A. USUAL OCCUPATION (Give kind of work 10B. KINI one during most of working life, even if refired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE	State or foreign		12. CITIZE WHAT	N OF T COUNTRY?	i
		Own Ho	me	Baltimore, Maryland 14. MOTHER'S MAIDEN NAME					
	James Nels	on		Cather	rine Fri	edel			
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no or unknown) (If yes, give wor or dotes of service) NO			16. SOCIAL SECURITY NO.	7. INFORMANT ADDRE					
118.			220-44-9811	James J.	Graff	4604 Belv		INTERVAL BE	
ANTE DISEASES OR (RISE TO THE AB UNDERLYING (neon the mode of serio, etc. It meons consolino which coused CEDENT CAUSES CONDITIONS, IF A COVE CAUSE (A) STONDITION LAST. II CONDITION ST. III CONDITIONS THE BUT NOT REI	NY, GIVING TATING THE	(B)(C)						
DISEASE OR CO	RATION CAUSING RATION 198. CON WAS PER	DITION FOR V	***************************************	20A. AUTOPSY?		OB. IF YES, WERE FI			
21A, EXTERNAL CA UNDERLYING OR UTING CAUSE O	CONTRIB-	21 B. (home, etc.)	PLACE OF INJURY (e.g., , form, foctory, street, c	in or about 21C. W	HERE DID (III	in Baltimore City, gi	ve exact lo	cotion)	E
21D TIME (MO OF INJURY (APPROX.)	onth) (Doy) (Yeor		HILE AT NOT AT W	WHILE	W DID INJUR	Y OCCUR?	P		
	that I held on Infrom: Natural can	nquiry 🗌	Inspection X Autocident Suicid	opsy and Hamicle CHIEF ME	de Ur EDICAL EXA EDICAL EXA	MINER X		DATE SIG 8/13/67	
NAME (Type	2)	Y	C. NAME of CEMETERY		23D. LO		, town, or c	ounty) (Stote)
Burial	8-18-1		Dak Lawn	1040 PUNITURE	Bal	timore Cou	nty, M	aryland	
24A. DATE REC'D BY F	JG 1 5 1967	24B. NAME	OF REGISTRAR	24C. FUNERA	& Zelle	d Inc 10	01 -07 1	Eastern	Azm
VS 151-REV. 1/1/65	HOI	The soul	S T Ziter Wall and	D ====3	C DOLLG	1 2110 . 17	01-01	paguetii	A VS



	CD	BALTIMORE CITY	HEALTH DEPARTMENT		67 7005
IRTH NO.	07	7825 CERTIFICA	TE OF DEATH	Registered Na	01 1020
A.E. CASE NO.				AND HOUR OF DEATH	
NAME OF DECI		11 17			E 45 -
	TH IN BALTIMORE MARYLA	H. EVANS	8		1 3 P
PLACE OF DEA	TH IN BALTIMORE, MARYLA	IND	A. STATE D. B. CO	here deceased lived. Il in UNTY	stitution: residence before admission
FILL NAME OF	E (If not in bosoital as in-	etituties avec shoot	2021	OL ST	
HOSPITAL OR	F (If not in hospital or in: address or tocation)	stitution, give sweet	C. CITY OR TOWN (IF		RURAL and give fownship)
NOITUTITEN					6
27 M	ERCY HOCP.		D. STREET ADDRESS	(If rural, give location)	
3/1	-110111				- 3
			810 5. (5 MOLOIL	1
SEX	6. RACE 7. A	AARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months: Days Hours Min.
M		WIDOWED, DIVORCED (specify)	6/9/10	LOST BIRMODY/	TVIOLITIS DOYS TITULES
LUSUAL OCCU	IPATION (Give kind of work 10 R.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF
	vorking lile, even if retired)	MILE OF POSITIONS ON MICEOSINA		oreign coonny,	WHAT COUNTRY?
pridre	inspertar		Salts. M	ld.	USA
FATHERS NAM	AE T		14. MOTHER'S MAIDEN N	IAME	
(1.	F.		7 1		
	e Evans		Thene T	ant	
Seno of unknown	Ever in U. S. Armed Forces?	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	, 55, 8.15 1101 01 00100 01	SECONIII NO.	HOSP. CHA	0	
110 4 2 2 4		64115- 6		1< 1	INITERVAL OFFICE
18. 5	(0)	CAUSE O	r UtATH		ONSET AND DEATH
	E OR CONDITION DIRECT	LY .	1		
	LEADING TO DEATH	(A) CIV	whosis of li	ver	17 years
	at mean the made of dyir asthenia, etc. II means the	ng, e.g., DUE TO	vith acute to	compensation	. /
	plication which caused dea	th.)	-1		
1	ANTECEDENT CAUSES	(B)	Store Sur		
		DUE TO			
	R CONDITIONS, if any, above cause (A) state				
	CONDITION lost.	(0)			
	11				
OTHER SIGNI	FICANT CONDITIONS CONT	RIBUTING _\			
TO THE DI	FICANT CONDITIONS CONTEATH BUT NOT RELATED	TO THE Drong to	pheumonia		
	OPERATION 198 CONDITION	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF VEC WIERE	FINDINGS CONSIDERED
19A. DATE OF	WAS PERFORA	MED OF WHICH OF ERATION		IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
			NO		
. OR CONTRIBU	IT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	medical examiner	etc.)			
21 D. TIME	(Month) (Doy) (Year) (H.	oui) 21E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
OF INJURY		While At Mot While			
(APPROX.)		Work At Work			A COLUMN
22. Leartify	that (1) Whis hospital Date	tended the deceased fram	8/9/67	19 10	8/14 1967
		0/11	111	19ta	
that (I) (we)	last saw the deceased al	live an O/1 T	19and	that in (my) (aur) api	nian death accurred an the d
and have and	fram the causes stated o	abave. (1) (We) (did) (did nat) v	view the bady after deat	h.	
23A. SIGNATU					238, DATE SIGNED
1			ending Med.	Stoff 🗸	-1.4/1-
	enneth Du	Phy		Phys. L	3/14/6/
PHYSICA NAME I	N'S ype)		23D. ADDRESS		1 1
L		M.D.			
A. BURIAL CRE	ENNETH STER!	24C. NAME of CEMETERY of CRI	FMATORY 124D	LOCATION (C	ity, town, or county) (State)
REMOVAL (S	pecify)	270, ITAINE OF CENTERENT OF CKI	240	. LOCATION (C	ty, town, or county) (State)
Burial	8-18-1967	7 Oak Lawn	Re	altimore Coun	by Manuford
		NAME OF REGISTRAR	25C. FUNERAL DIRECT	OR OCH	ADDRESS
	AUC 1 F 1007	00 60/2000 2-	Lilly & Zei		01-07 Eastern Ave
	And To lapli (Continue Continue	marry or de	17	OT-OI HEDUSTII WAS
1 FA BEN 1/1//		AND			



BIR	TH NO.	67	7826			OF DE		Registered No	67	7826
M.	E. CASE NO.	CEASED		CLKTIF	CATI					
	po or Print)	SAUERI	MEIN	ANNA 1	41	2.	.A	HOUR OF DEATH	1 7 /	15 b.m
3.	PLACE OF DI	EATH IN BALTIMORE, MA		AININA I	4.	USUAL RESIDE	Augus NCE (Whore	deceased lived. If	institution: residence	bofaro odmission)
	F1111 214.44					STATE	B. COUNT			
	FULL NAME HOSPITAL OR		or institution, g n)	ive street	C.	CITY OR TOWN	AND (If outsi	de city limits, write	RURAL ond give to	ownship
. 4	INSTITUTION					BALTI			6-0	
1	CHURC	and smort H	HOSPITA	L, BALTIMO	ORE, D.	STREET ADDRE	SS (If ru	rol, give location)	0	
		MD.				CHURCH	+ HO.	me &	HOSPITH	1
5. :	SEX	6. RACE		NEVER MARRIED DIVORCED (speci	(v)	ATE OF BIRTH	_ 10	AGE (In years st birthday)	If Under 1 Yr. Months: Doys	If Under 24 Hrs. Hours Min,
	Female		WID	W		1-6-75		92415		
don	. USUAL OCC e during most o	UPATION (Give kind of work f working life, even if retired)	10B. KIND OF	BUSINESS OR IND	USTRY 11.	BIRTHPLACE (S)	ote or foreign	country)	12. CITIZEN OF	
Ci-	THE CH HE	ME RESIDENT		MAKER	2	Massa	chuse	ts.	U.S. U.S	S. A
13.	FATHER'S NA	ME			14.	MOTHER'S MA	IDEN NAM			
	JOHN	MAXWELL				MARI	UNKA	10MN PE	VART	
15. (Yo	Was Docease	d Ever in U. S, Armed For	ces?	16. SOCIAL SECURITY NO.	17.	INFORMANT	, 31		ADDRI	ESS
	KNOWN	7 5 7 9 7 0 7 0 7 0 7 0 7 0 7 0 7 0 7 0 7 0	2	220-46-07	7775	ON- MR.	G.N CALL	EDWAN 2	206 Dalema	od Rd., Tima
	1B	2/1/1			JSE OF D		- 1, 1, 5 _H -0	CKOZIII		AL BETWEEN
	DISEA	SE OR CONDITION DIR	ECTLY			•				AND DEATH
		LEADING TO DEATH		(A)	ecote	Respec	alore	, draff	menez	
	heart failure	nal mean the made of , osthenia, etc. Il means	the disease,	DUE T	0		,		0	
	injury ar ca	mplication which coused	deoth.)	C	lewre	in Brun	biet	asis as	12 Brown &	ite
		ANTECEDENT CAUSES		OUE TO	0			******		
		OR CONDITIONS, if the obave cause (A)		14	atel	utisi	v . 1	left lu	w	
		G CONDITION last.		- (0)		***************************************		4	0	000000 H 0 0000 W 0 000 0 0 0 H H 0 W
7		II.								
TION	TO THE	DEATH BUT NOT RELA	TED TO THE	muse	wie	e pt	Tu a	legenera	tun	
CA		F OPERATION 198, CON		HICH OPERATION		20A. AUTOPSY?	Fos or Noll	208 IF YES WEDE	FINDINGS CONSI	DERED
ERTIF	2	WAS PERF				- CALALAII		IN CERTIFYING C	AUSES OF DEATH?	w w 1 2 6
O	21A. ACCIDE	ENT WAS UNDERLYING		PLACE OF INJURY	(e.g., in or	obout 21 C. WHE	RE DID	(If in Boltimo	ore City, givo exoct	locotion)
AL		UTING CAUSE OF y modical examiner	etc.)	, form, foctory, str	eet, office	pieg., INJURT O	CCUR?			
DIG	21 D. TIME	(Month) (Doy) (Yeor)	(Hour) 21 E.	INJURY OCCURRE	D	21 F. HOW	DID INJUI	RY OCCUR?		
ME	(APPROX.)			e At No	t While					
	22 1	1 /1\ /.1 1			Work L	cl io				
	Aban (I) (that (I) (this haspital	Lattended th	A deceased from	2 Hulgo	SF 10,	19	7 10 1	ug. 13	196.7
	1) last sow the decease						in(my) (aur) ap	oinian deoth accu	erred on the date
	23A. SIGNAT	nd fram the causes stat	ed abave, (I)	(Me) (qid) (qid i	nat) view	the body afte	r death.		DATE SIGNU	
	and signal	1000	Cho 1	M.D.	Attendin	g Med	St	off 🗆	23B, DATE SIGN	
	23C. PHYSICI	paul	14-11	m	Phys.	Med Direct	clor PI	off hys.	, ,	1-67
	NAME		11	1 -		ADDRESS	16	// Church	n Home an	d Hosp.
200	Bulleti'a'	Kodello	M-1	- / - /	M.D.	C	-TT T	7		NEU-
	REMOVAL	(Specify)	24C.NA	ME of CEMETERY		TORY	24D. LO		City, town, or county	(Stote)
	Burial	/ /	1	dre enmour	nt			timore,	Md.	
25A	. DATE REC'E	AUG 15 1967	25B. NAME OF	REGISTRAR	44.0	H.W. Jer	DRECTOR	& Sons	Co. 11905	York Road
			Volument	o c, value	WWW.	-7 0	33 6	Balto	12. Md.	
VS	150-REV. 1/1/	/65				4	-			

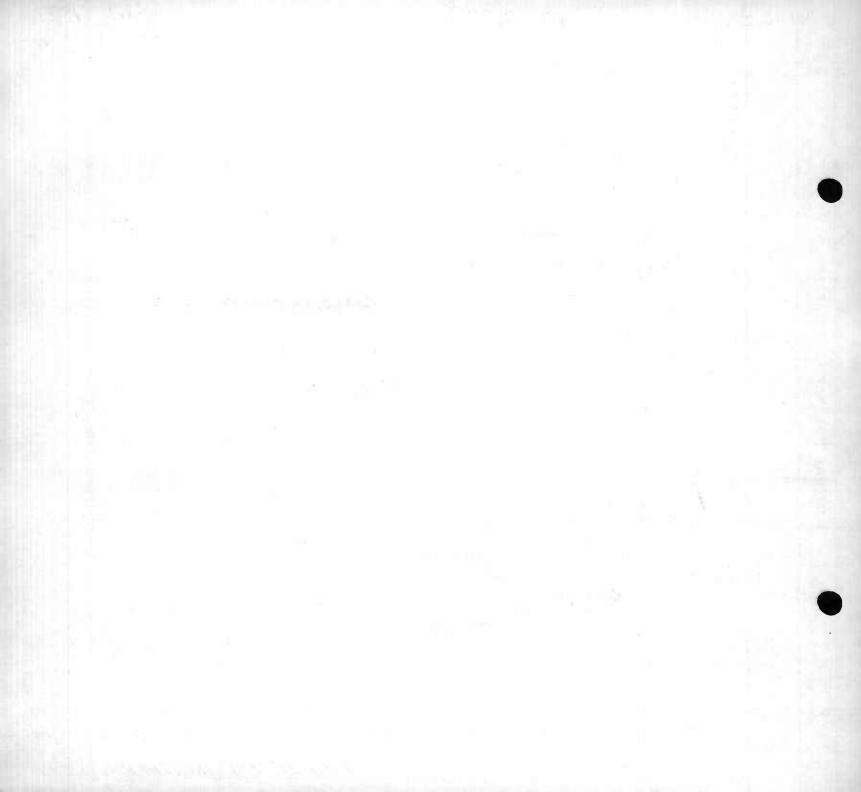
72000 Manual Ma June mida were William Co., The constitution of the SM control and topulary sufferen . I winter soft has my summer for and the same of the same

BALTIMORE CITY HEALTH DEPARTMENT

was

VS 150-REV. 1/1/65

If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS 3719 OVERL ONSET AND DEATH 4days 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact focotion) ond that in my (our) opinion death accurred an the date 23B. DATE SIGNED (City, town, or county)



1 Cm	BALTIMORE CIT	Y HEALTH DEPARTMENT		0000 1000
BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	7828 CERTIFICA	ATE OF DEATH	Registered No.	01 1828
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	50
3. PLACE OF DEATH IN BALTIMORE, MAR	Sporner (or)	Sporny Aug	13-6	1/0.59 p. M. Mitution: residence before odmission)
3. PLACE OF DEATH IN BALTIMORE, MAR	LAND	4 USUAL RESIDENCE (When	deceased lived. Il ins	litution: residence before odmission)
FILL MARK OF 115 1 - 7-1 - 1		Md.		
HOSPITAL OR oddress or locotion)	institution, give street		side city limits, write RI	JRAL and give towaship
INSTITUTION		Be	110.	8-03
20	01	D. STREET ADDRESS (III	rurol, give location)	
2716 E. Oliv	the re	2716 E	Oliver	24
	. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Mala Nhite	Marhiad (specify)	D = 13 - 1909	S7	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work)		RY H. BIRTHPLACE (State or forei		12. CITIZEN OF
ane during most of working life, even if retired)	Dept. Store	Q. 11	Md	WHAT COUNTRY?
Collector Salesy	nah	14. MOTHER'S MAIDEN NAM	MIN.	U. J. A.
13. FATHER'S NAME		O II	-	
Martin Sto	MAY	Bertha	Tox	
15. Was Deceased Ever in U. S. Armed Forci (Yes, no or unknown) (If yes, give wor or dotes	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	216015291	Cecelia Sp	ornell Wit	DISTILE Alivar
1B. A C.O.	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRE	CILY	1	0 6	ONSET AND DEATH
LEADING TO DEATH	in Ci	exinoma of	heek	17 mas
(This does not mean the mode of	dying, e.g., DUE TO	00 7	8 /001	0
hearl failure, osthenia, etc. Il means l injury ar camplication which coused		hange & far	vreft.	
ANTECEDENT CAUSES	(B)DUE TO			
DISEASES OR CONDITIONS, if o				
rise to the above cause (A)	slaling lhe (C)			
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	ED TO THE			
U 19A. DATE OF OPERATION 19B. COND	ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONE WAS PERFO	PRMED		IN CERTIFYING CAU	ISES OF DEATH!
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.	office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
▼ DEATH (notily medical examiner)	home, form, foctory, street,	office bidg., INJURY OCCUR?		
	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY	While At Not W	hile 🗀		
(AFFROX)	Work L At Wo	rk 🗀	11	area of
22. I certify that (1) (this hospital)	ottended the deceosed from	2 may	1966 to F	HSens 19
that (I) (we) lost sow the deceased	90/	11/-7	ot in (my) (our) opin	ion death occurred on the dat
and hour and from the causes state	ed objec. (1) (We) (did) (did not	view the body ofter deoth.		
23A. SIGNAJARE	1			23B. DATE SIGNED
Atthes It of	www.spi M.D. A	Med. Director	Stoff Phys.	14 lieraust 196
23 C. PHYSICIAN'S	0	23D. ADDRESS /	1 1	1 /
NAME (Type)	Siwinski Mi	09/ 1004	K AVO	Rolto Md.
Arinu G.	01711713114	007	77772	Sur Triu
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C		OCATION (Cit	y, town, or county) (Stote)
Burial Augin-	67 Oak ha	Wh Cem, Ea	storn AVe	Rd, Balto, Co.A
25A. DATE REC'D AY HEALTH DEED	SE NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	0 0	ADDRESS
MOG T 9 1301	Color & Golden AN	(harail	Taus De.	1800 E. homban
1		The state of the s		

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87 July 3 meth 39

Arthur Bourniski X Inthopy of Arthur Golle Int

7829

BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)	LaShan		2. DATE AND HOUR PRONOUNCED	DEAD
MYRTLE ROSE	ANGAIN.	x	August 14, 1967	1 8:45 A. M.
3, PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDE	August 14, 1967 NCE (Where deceased lived, If instituted and B. county)	tion: residence before odmission) TY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT	UTION, GIVE STREET		N (If outside corporate limits, write I	RURAL and give township)
INSTITUTION		Balti	more	27-05
6209 Eunice Avenue			ESS (If rural, give location)	0.700
O ozo zamzoo nvenae			Cunice Avenue	
5. SEX 6. RACE 7. MARRIED	, NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs.
WIDO WED,	DIVORCED (specify)		lost birthdoyl	Months Doys Hours Min.
Female White Marri	ed	Dec. 22,	1898 68	10 CHTTCH OF
done during most of working life, even if retired)	IL BORINESS OK INDOSIK			12. CITIZEN OF WHAT COUNTRY?
Housewide		Marylan		U.D.A.
13. FATHER'S NAME				
Clarence Reely			E. Becker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	218-07-6649	Mrs.	Vernon Peacock 305	Third Av.
18.	CAUSE	E OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	Arteri	iosclerotic	and Hypertensive	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	MXXXXX		lar Disease	
injury or complication which coused death,)		Ja1410 V4500	Tall Discussion	
ANTECEDENT · CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING	DUE TO			000000000000000000000000000000000000000
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
Z	(C)			•••••••••••••
E				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 208. IF YES, WERE FINE	
		No		
QIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	PLACE OF INJURY (e.g., ie, form, foctory, street,	office bldg., INJURY	HERE DID (If in Boltimore City, give OCCUR?	exact location)
21D TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HO	W DID INJURY OCCUR?	
OF INJURY (APPROX.)	WHILE AT NOT	WHILE		
22.	WORK AT W	VORK		
1 certify that I held on Inquiry	Inspection X Au	otopsy and	that on this bosis, death in my	opinion
resulted from: Notural causes X	Accident Suicid	de Homicid	le Undetermined monner	
		CHIEF ME	DICAL EXAMINER	
ACTUAL MUCH C	5 2-		EDICAL EXAMINER	DATE SIGNED
SIGNATURE TO STANDING	(MI)		EDICAL EXAMINER	8/14/67
EXAMINER'S NAME (Type) Werner U.	Spitz, M.D.	ASSOCIATE ME	EDICAL EXAMINER	4
REMOVAL (Specify)	3C. NAME of CEMETERY	or CREMATORY		own, or county) (Stote)
Burial 8/18/67	Loudon Pk.	Cem,	Balto. Md.	
24A. DATE REC'D BY HEALTH DEPT. 248. NAME	OF REGISTRAR	24C, FUNERA	L DIRECTOR	ADDRESS
AUC 18 1007 A D	En Co Feel a	Leona	La T Dat T na	u wa
VS 151-REV, 1/1/65	CA MENTER	reous	rd J. Ruck Inc. Bal	Lto. Md.

I will also demonstrated in the state of the last of t Plant of the control THE RESERVE OF THE PROPERTY OF

BIR	TH NO.	MED	ICAL EX	(AMINER'S C	ERTIFIC.	ATE OF [DEATH Register	red No. 100	U
1	E. CASE NO.						- (5)		
î, (Ťy	PATRICK	CEASED		TID TO	מתונו		D HOUR PRONOUNCE		
		Henry		WRIG			st 13, 1967	6:40 P.	M.
3. P	LACE IN BALI	IMORE, MARILAND, W	HERE PRONOC	JNCED DEAD			8. COU	tution: residence before odmis:	ilon)
HO	SPITAL OR	(IF NOT IN HOSPITAL ADDRESS OR LOCA	AL OR INSTITE	JTION, GIVE STREET	c. city or	vland town (If autside	e carparate limits, write	RURAL and give township)	
2 1	1. 1 11-1-	- Mamaria 1 II.				ltimore		53,00	
4	-4-Unio	n Memorial Ho	spital			DDRESS (If rurol,		000 Manustat Blue	d
5. \$	FY	6. RACE	7 AAADDIED	NEVER MARRIED	8. DATE OF		9. AGE (In years	939 Merritt Blv	
				DIVORCED (specify)	o land		last birthdoy		lin.
	Male	White	Marri	ed BUSINESS OR INDUSTRY	3/17/	1902 CF (State or foreign		12. CITIZEN OF	
		warking life, even if retired)		Celder Contrac		Maryland		WHAT COUNTRY A.	
13.	FATHER'S NAM	1E	Dangeni	terder contrac		MAIDEN NAMI			_
			ala A		Row	shows Ditt			
15.		Iliam T. Wri		16. SO CIAL	17. INFORMA	·bara Ditt	man	ADDRESS	
		(If yes, give war or date		SECURITY NO. 214-01-9893	Thelm	a G. Wrig	tht same		
-	18.44	0 /			OF DEATH		5.1.0	INTERVAL BETWE	EN
	1 250			Chots	or beauti			ONSET AND DEA	
	DISEA	SE OR CONDITION DI LEADING TO DEATH		Arterio	sclerot	ic Cardio	vascular Dis	sease	
	heort failure,	not mean the made of , asthenia, etc. It means	the disease.	DUE TO					
	injury ar co	mplication which caused	death.)						
		NTECEDENT CAUSE	S	(8)					
	DISEASES RISE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) S'	NY, GIVING	DUE TO		•••••••		····	
_		NG CONDITION LAST.	1	(C)					
Ó		II.		(*/					
×		NIFICANT CONDITIONS							
ERTIFICATION		R CONDITION CAUSING		HE					
ERT	19A, DATE OF	OPERATION 198, CON		WHICH OPERATION	20A. AUTO	PSY? (Yes or No)	208. IF YES, WERE FIN		
O	2,	WAS PER	FORMED		Ye	S	IN CERTIFYING CAUS	Ye Ye	S
₹	21 A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g., farm, factory, street,	in or about 21 (C. WHERE DID	(If in Baltimore City, giv	re exact lacation)	
EDIC		SE OF DEATH.	etc.)	,,,,,,					
Σ	21D TIME	(Manth) (Day) (Yea	Hour) 2	1E. INJURY OCCURRED	21 F	HOW DID INJU	JRY OCCUR?		
	(APPROX.)		m. V	WHILE AT NOT	WHILE				
	22.				(9.91)	lat a sta			
		tify that I held an I			apsy X		is basis, death in m		
	resul	ted fram: Natural ca	uses 1 A	Accident Sulcid		-	Indetermined manne	er	
	ACTUA	11111 1	1			MEDICAL EX		DATE SIGNE	D
	SIGNAT		14-1	M.D		MEDICAL EX		8/14/67	
	EXAMIN NAME (er U. Sf	itz, M.D.	ASSOCIAT	E MEDICAL E	KAMINER	0/14/0/	
	BURIAL CRE	MATION, 238, DATE	23	C. NAME of CEMETERY	CREMATORY	23 D. L	OCATION (City,	town, or county) (State	
	Burial		167	Gardens of I	Taith Ce	m. F	Balto, Md.		
24/	A. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUI	NERAL DIRECTOR		ADDRESS	
		******	00	e C . To D. un	-	-			
		AUG 1 6 196/		J.C. Managarian	Teb	nard J. R	uck Inc. Ba	lto. Md.	

and delined the recommendation of the 5102/7210

A TOTAL CONTRACT CONT

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VS 150-REV. 1/1/65

8/24/67 - Birth cert. #A-12671 - birth date: June 28, 1889.

A Carter

IMPORTANT

DIRECTOR:

FUNERAL

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Jayle E. Jen & Lorks

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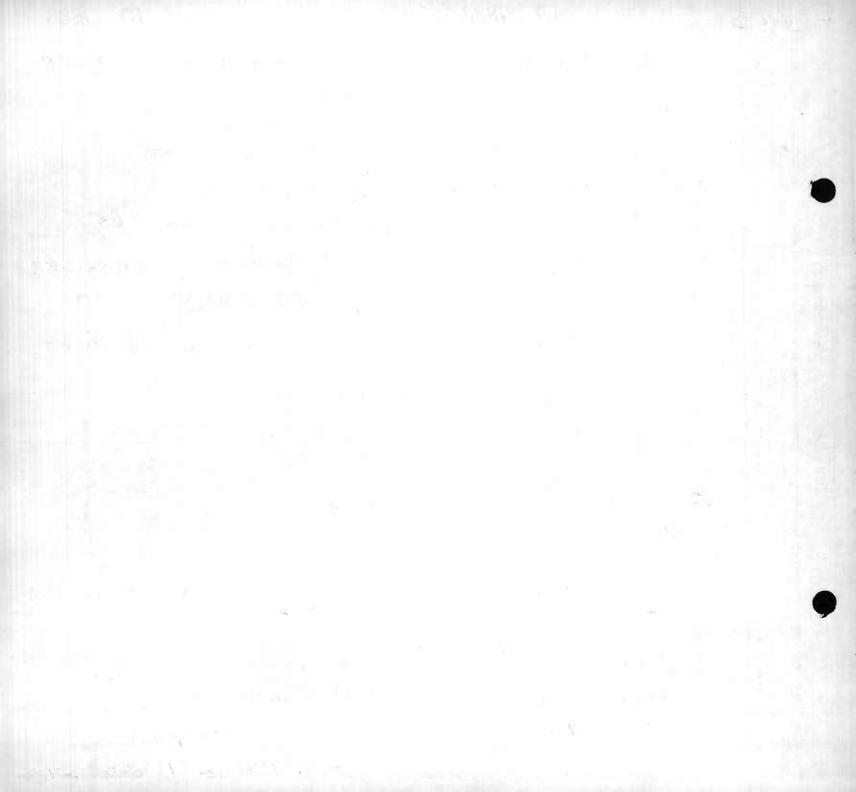
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Harry and a second

C: 1

C'D	BALTIMORE CITY	HEALTH DEPARTMENT		OF 12000
BIRTH NO.	7833 CERTIFICA	TE OF DEATH	Registered Na	67 7833
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	ND HOUR OF DEATH	
Type or Print) EDWARD DAMEL	BOUGOURE			17 1 11150
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	DOUGOURE	4. USUAL RESIDENCE (Whe	ere deceased fived. If ins	67 1115P N
		A. STATE B. COUN	1TY	
FULL NAME OF (If not in hospital or insti	tution, give street	MARYLAND		
INSTITUTION		C. CITY OR TOWN (If ou		JRAL and give township)
60		BALTIMO D. STREET ADDRESS (III	rurol, give locotion)	8-00
2427 E. Olive	er St.	2427 E. OL		7
with the same of t	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	MARRIED	2-12-1905	62	
OA, USUAL OCCUPATION (Give kind of work 10B, K) lone during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
MAILMAN	U.S.A. MAIL	BALTIM	ORE , MD	WHAT COUNTRY?
3. FATHER'S NAME	01001111111	14. MOTHER'S MAIDEN NA		
JOHN NICHOLAS BOUG	SARD	FITAR	12 mg 11	
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	ELIZA BI	C14	SCHWEIGER
Yes, no or unknown) (If yes, give wor or dotes of se				
NO		ALVERTA B	OUGOURD	SAME
18.	CAUSE O	FDEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	t a			ONSET AND DEATH
LEADING TO DEATH	(A)	PIFFERENTIAT	ED MALIGNA	My 2mo
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	e.g., DUE TO	9000 0000 000000 = 940 ca acraina oconreccare acraina		
injury or complication which coused deoth.				
ANTECEDENT CAUSES	(B)	*****		
DISEASES OR CONDITIONS, if any,				
rise to the obove couse (A) stating				
UNDERLYING CONDITION last,				
Z OTUS SONES OF SONES	BUTING	۸.		
OTHER SIGNIFICANT CONDITIONS CONTRI		NONE		A CONTRACTOR OF THE SECOND
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	N 208 IS VEC WERE EL	NDINGS CONSIDERED
WAS PERFORME	D		IN CERTIFYING CAU	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in		(If in Bottimore	City aire and leader
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	tii in poinmote	City, give exact location)
<u>o</u>	etc.)			
21D. TIME (Month) (Doy) (Year) (Hou	21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work			
22 1			10/5 4 114	1107 12 11/7
22. I certify that (I) (shis hespital) after	A .			•
that (I) (we) last saw the deceased aliv	e an MUGUST	19 and th	natin (my) (••••) apin	ian death occurred an the dat
and haur and fram the causes stated abo	ave. (1) (We) (did) (d id no r) v	iew the bady after death.		
23A. SIGNATURE	0 1			23 B. DATE SIGNED
Saul &. Hers	M.D. Atte	nding Wed.	Stoff Phys.	august 12, 1961
23C. PHYSICIAN'S		23D. ADDRESS		q
PAUL G. HEROLD	M.D.	10 W. MAD	ISON ST.	
	24C. NAME of CEMETERY of CRE			town as assetu) (500)
REMOVAL (Specify)	011110		CHY	, town, or county) (Stote)
Burial 8-15-67	Vak Litur (emete	0	Baltimore. M.	ruland
SA. DATE REC'D BY HEALTH DEPT 258. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
1001 0 1001	Jew C. Tarber M.	7 John 6. 111	in Ina 6415	Belair Rd -21206
S 150-REV. 1/1/65		- HEAR	J. 1/10 1	



BIRTH NO. 67	. 18.54	ATE OF DEATH Registered No.	67 7834
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print MARTIN, JC)	OHN HENRY	2. DATE AND HOUR OF DEATH AUGUST 9, 196	7 9:30A
FULL NAME OF OF ORDERS OF INSTITUTION ST. AGNES HOSPITAL OR CATON & WILKENS	or institution, give street	4. USUAL RESIDENCE I Where deceased lived. If in A. STATE B. COUNTY MARYLAND C. CITY OR TOWN III outside city limits, write BALTIMORE,	Bulle Ca
BALTIMORE, MD. 5. SEX 6. RACE MALE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) WIDOWED	B. DATE OF BIRTH 9. AGE (In years last birthdoy) APRIL 22. 184 83	OREST HAVEN If Under 1 Yr, If Under 24 H Months Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of wor done during most of working life, even if retired) RETIRED			12. CITIZEN OF WHAT COUNTRY?
JOHN MARTIN	(DEC *D)	WILHELMINA KIPP (DEC)	D 0
15. Was Deceased Ever in U. S. Armed Fo (Yes, no or unknown) III yes, give wor ar date	os of service SECURITY NO.	17. INFORMANT	ADDRESS
heart failure, asthenia, etc. II means injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obave cause (A) UNDERLYING CONDITION last.	any, giving slating the Stating the Statin	SIP FRANKE	
DISEASE OR CONDITION CAUSING	IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE of INJURY (e.g., hame, form, foctory, street, etc.) IHour) 21E. INJURY OCCURRED While At At Wark	office bldg., INJURY OCCUR? Forest Haves Year 21 F. HOW DID INJURY OCCUR? Fell while In	City, give exoct lacotion)
that (I) (we) last saw the decease and haur and from the causes sta 23A-SIGNATURE	ted above. (I) (We) (did) (did nat)	view the bady after death.	23 B. DATE SIGNED
23C.PHISICIANS NAME TYPE DR. ROBERT COOK	M.D		08-09-67 ATON & WILKENS AVES
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 8-11-6 25A. DATE REC'D BY HEALTH DEPT.	24C. NAME OF CEMETERY OF C 7 Couds P 25B. NAME OF REGISTER	REMATORY 24D. LOCATION IC	ity, town, or caunty)
AUG 1 6 1967	Robert E. Farbana	Milma d. Affrem	3218 Nua

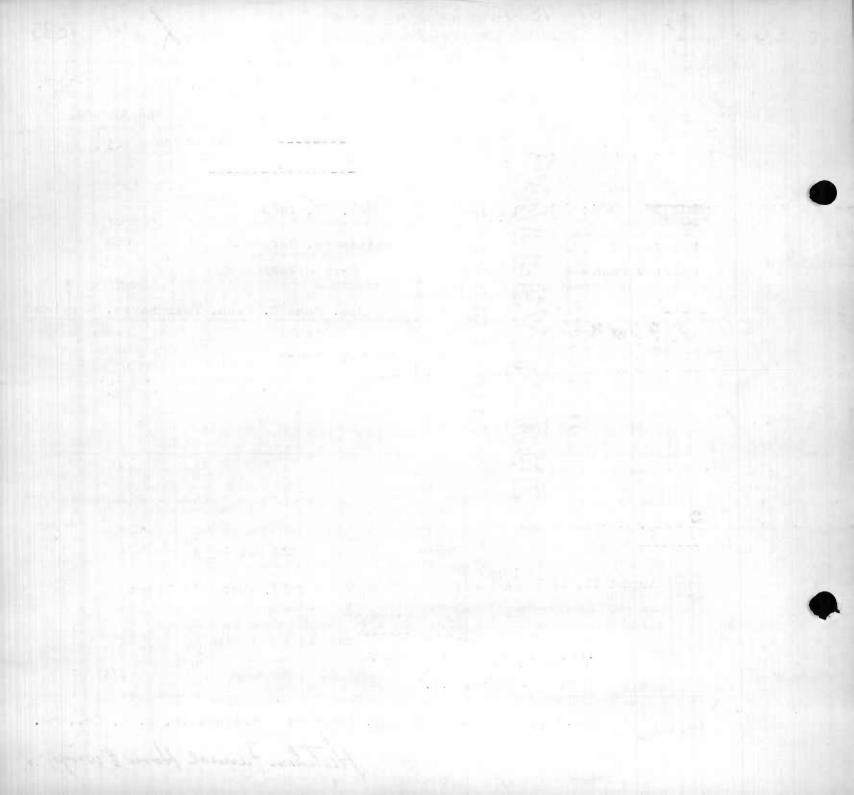
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OT. MERS. P. C. L. C. TOR. B. WINKERS

Late Tree of the

VS 151-REV. 1/1/65

	01	1830 BALT	IMORE CITY HEA	LTH DEPART	MENT			1 cr	7 1916	200
BIRTH NO.	MED	ICAL EXA	MINER'S C	CERTIFIC	CATE	OF DEAT	H Registe	red No.	18	335
M.E. CASE NO.										
1. NAME OF DE	CEASED				2. DA	TE AND HOUR	PRONOUNC	ED DEAD		
(Type or Print) DAV1			PENN							
3. PLACE IN BAL	TIMORE, MARYLAND, V	WHERE PRONOUNCE	D DEAD	A. STATE	RESIDENCE	Where deceased	lived. If inst B. COL	itution: residen JNTY	ce before o	dmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITUTION	, GIVE STREET	Man			A limits, write	nne Art		nip)
- 03				Ba.	Limore	Fai:	r Have	n 🧷	2-0	0
3 & Univ	rersity Hospi	tal)						
5. SEX	6. RACE			8. DATE OF	BIRTH	9. AC	E (In years			
Male	White			Feb	21 18			Manins	ys i Hours	, Min.
								12. CITIZEN	OF	-
			E	Baltimo	re, Ma	ryland		WHAT	COUNTRY?	
				17. INFORM	ANT			ADDRESS	1	
(Yes, na or unknow	n) (If yes, give war or dol	les of service) S	ECURITY NO.		400	W 20	103	***	Manage	1
1B. /						R. Penn	Fair			
OTHER SIG	LEADING TO DEATH nat meen the mode of control of the course of the cours	H If dying e.g., Is the disease, deoth.) ES ANY, GIVING STATING THE S CONTRIBUTING	(A) GU DUE TO	inshot o	of Head	l			NSET AND	DEATH
DISEASE O	F OPERATION 198, CO	G IT.	H OPERATION	20A. AU1	OPSY? (Yes					
UNDERLYING UTING CAT 21D TIME OF INJURY	MOR CONTRIB- USE OF DEATH. (Month) (Day) (Yes	home, for etc.)	m, foctory, street, Home NJURY OCCURRED	office bldg., IN	11 PRY OCC 24 1F. HOW DI	UR? 2 Herrin	g Avenu	ie ,	0	,
22.	ANTICOPENT CAUSES CAUSE OF CONDITION DECELT LECASING TO DEATH CAUSE OF CONDITION SI ARANE FOR CONTRIBUTING STREET ADDRESS OR CONDITION SI ARANE OF BUSINESS OR INDUSTRY IN									
resu	Ited fram: Natural co	ouses Accid	lent Suici				_	er		
		nestro?	T-MI						DATE SIG	SNED
EXAMI	NER'S Werner	U. Spitz						8/:	1/67	
23A, BURIAL CR REMOVAL (Speci	EMATION, 238. DATE	23C. NA	ME of CEMETERY	or CREMATO	RY	23D. LOCATION	(City,	, tawn, ar cau	nty) (State)
Burial		,1967 Frie	endship Ci		-		dship,	A. A.	Co.,	Md.
	BY HEALTH DEPT.	24B, NAME OF R	EGISTRAR	24C. FI	WERAL DIE	RECTOR		ADI	DRESS	
	AUG 1 6 196	7 00 00	Fr. Own	a W	Til	: +1.	00 L	4	min	6.1.



3	AME OF DECEASED O Print) Baby Gir	Marie Catherin		Osed lived. If institution; residence before odmission)
	ULL NAME OF (If not in hospital or in oddress or location) WERCY		A. STATE B. COUNTY Md. 2120 C. CITY OR TOWN (If outside ci Baltimor	ty limits, write RURAL and give township)
			825 N.	Milton Ave.
5.	FW	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single	8/13/67	1
	USUAL OCCUPATION (Give kind of work 108, during most of working life, even if setired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole of foreign cou Baltimore,	WHAT COUNTRY?
13.	Paul McLewee		14. MOTHERS MAIDEN NAME Frances Gill	espie
15. (Ye	Was Deceased Ever in U. S. Armed Forces? ,no arunknown) (If yes, give wor or dates of	service) 16. SOCIAL SECURITY NO.	17. INFORMANT Father, above	ADDRESS
ATION	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the made of dyinheart failure, astheria, etc. It means the injury or camplication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) statunderlying condition last. II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	ng, e.g., DUE TO disease, th.) (B) DUE TO giving ting lhe (C)	In maturity	INTERVAL SETWEEN ONSET AND DEATH
	198. CONDITION 198. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	AED 218. PLACE OF INJURY (e.g., in home, form, factory, street, of	or obout 21C. WHERE DID	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH? (If in Boltimate City, give exact location)
AL CERTIFIC	DEATH (notify medical exomine)	etc.)		

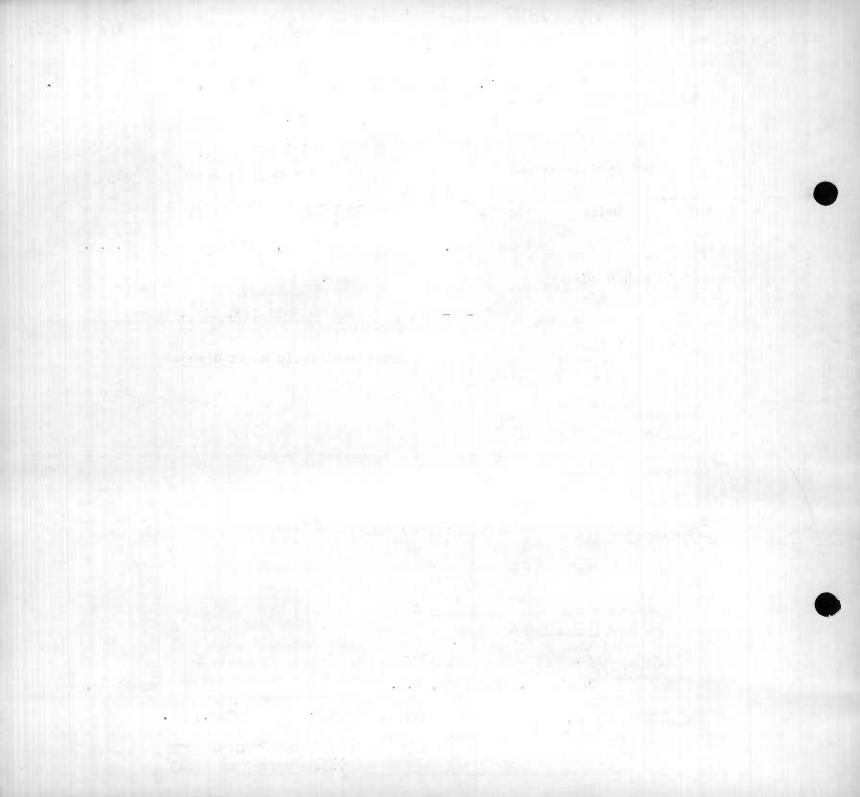
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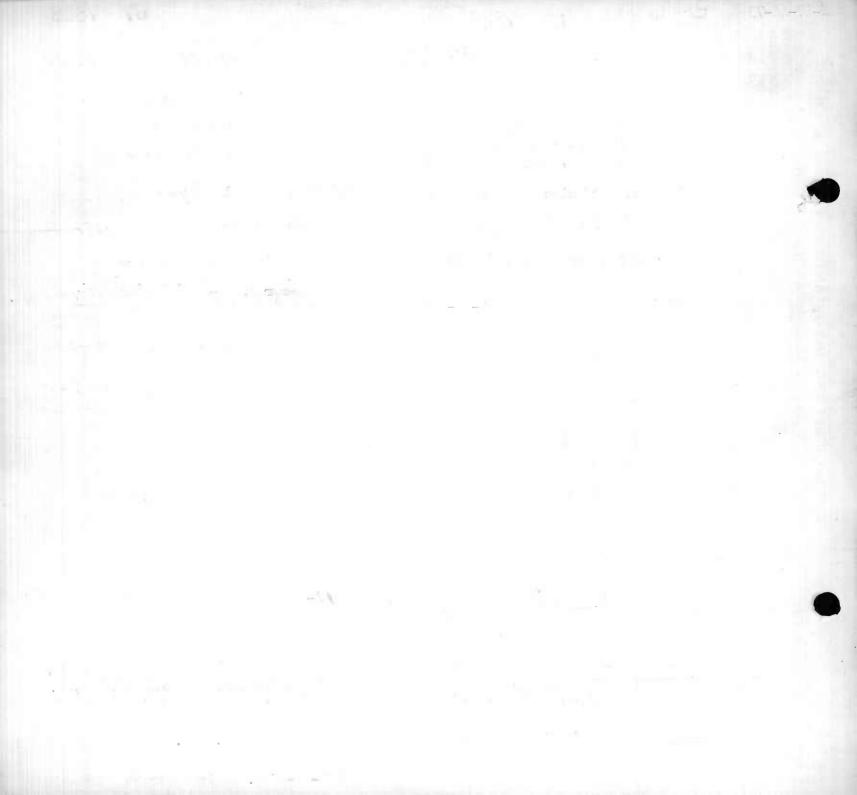
CHESTER C. COLLINS

67 7837 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 7837

(Type or Print)	CEASED	CHARLES E	. WAITUKITI	ES		st 13, 1967		30 A. M
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOL	UNCED DEAD	A. STATE		eceosed lived. If insti B. COU	tution: residence b	efore odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSP ADDRESS OR LOC	ITAL OR INSTITU CATION)	JTION, GIVE STREET	C. CITY OR TO	aryland WN (If outside altimore DRESS (If outside)	corporate limits, write	RURAL ond give	township)
35	07 Lyndale A	lvenue				le Avenue	#13	
5. SEX Male	6. RACE White		NEVER MARRIED DIVORCED (specify) Ed	12/1/1		9. AGE (In years lost birthday)	If Under 1 Yr. I Months, Doys	
	working life, even if retired		Bros.	Baltin	(Stote or foreign		12. CITIZEN OF WHAT COU	
Casimir V	Vaitukities ED EVER IN U.S. ARMI D)(If yes, give wor or do		16. SO CIAL SECURITY NO.	Anna 17. INFORMANT	?		ADDRESS	
no	SE OR CONDITION		5-07-2474 CAUS	Rose W	aitukitie	es, wife, a	INTER	AL BETWEEN AND DEATH
	ANTECEDENT CAUS							
RISE TO THE UNDERLYI	OR CONDITIONS, IF AE ABOVE CAUSE (A) NG CONDITION LAST II SIMPLE CONDITION DEATH BUT NOT IF OR CONDITION CAUSI	ANY, GIVING STATING THE T. IS CONTRIBUTION TO THE THE TO THE	HE					
OTHER SIGNOTHE DISEASE OF TO THE DISEASE OF TOTAL DISEASE	HE ABOVE CAUSE (A) NG CONDITION LAST II SINIFICANT CONDITION DEATH BUT NOT 1 POR CONDITION CAUSII F OPERATION 198, CC WAS PI AL CAUSE WAS	ANY, GIVING STATING THE T. IS CONTRIBUTING TO THE TIME TO THE TIME TO THE TIME TO THE TIME T	(C)	, in or obout 21C.	VO NHERE DID (IF	DB, IF YES, WERE FIN N CERTIFYING CAUS in Boltimore City, giv	SES OF DEATH?	RED
OTHER SIGNOTHE DISEASE OF TO THE DISEASE OF TO T	II INIFICANT CONDITION LAST III INIFICANT CONDITION DEATH BUT NOT IS OR CONDITION CAUSI F OPERATION 198, CO WAS PI AL CAUSE WAS JSE OF DEATH,	ANY, GIVING STATING THE T. IS CONTRIBUTION FOR ERFORMED 218. home etc	C)	, in or obout 21C, office bldg., INJUI	VO NHERE DID (IF	in Boltimore City, give	SES OF DEATH?	RED
OTHER SIGNOTHE DISEASE OF INJURY (APPROX.) RISE TO THUNDERLYING TO THE DISEASE OF INJURY (APPROX.) 22. I cer	II III IIIIIIIIIIIIIIIIIIIIIIIIIIIII	ANY, GIVING STATING THE T. AS CONTRIBUTION FOR ERFORMED 218. home etc.) Inquiry	WHICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, Ple. INJURY OCCURRED WHILE AT NOT AT NORK Inspection X A	while or obout 21C. office bldg. INJUI	WHERE DID (IF	in Boltimore City, given bosis, death in modetermined manner. MINER	ve exact location) ny opinian	E SIGNED



13 6 3 4 67				L- / '/\'\'
	7838 CERTIFICA	ATE OF DEATH	Registered Na.	67 7838
M.E. CASE NO. I, NAME OF DECEASED Type or Print) RANTHOLEM	Caroline Corroune	2. DATE AN	8/12/67	10:10
PLACE OF DEATH IN BALTIMORE, MARYLANI		4. USUAL RESIDENCE (Where A. STATE B. COUNT		titution: residence before odm
FULL NAME OF (If not in hospital or instit	tution, give street		Munycom	D 2/205
Baltimore City N	Inenitele		BALTIMOR	
4940 Eastern Ave			urol, give location)	Ave
Baltimore, Maryl		625	· N. BERN	creo #5
6. RACE 7. MA	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)			If Under 1 Yr. II Under 2 Months Doys Hours
Temale Y hite	W 100W			12. CITIZEN OF
one during most of working life, even if retired)	•			WHAT COUNTRY?
HOUSEWIFE at	homje	AUSTR	114	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	
harles FISCHER (DECEMED)	?	DECEN	500 .
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT Frank		
(es,no or unknown) (If yes, give wor or dotes of se	security No. 213-18-9089	17. INFORMANT Frank Records	:BCH-4940 Es	astern Avenue 21224
18. 1911 Y		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEAT
LEADING TO DEATH	(A) Port	ILLANY ADENO	CA. ATTROI	D 1400
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di				
injury or complication which coused death,	1	METHIMIS		1114.
ANTECEDENT CAUSES	(8)			
	DUC TO	- 0000000000000000000000000000000000000	M NECG.	4 your
	DUE TO	2 Cerring	M NECG.	una war
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting	giving	, oct 1111/4()	NO NECC.	Hoan
DISEASES OR CONDITIONS, if ony,	giving	, , , , , , , , , , , , , , , , , , , ,	W NECK	Hoa
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stating UNDERLYING CONDITION lost.	giving g the (C)	, , , , , , , , , , , , , , , , , , , ,	m veca	Moon
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	giving g the (C) BUTING TO THE			Hoar
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	giving g the (C) BUTING TO THE	20A. AUTOPSY? (Yes or No)		Hoar
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMEN	giving g the (C) BUTING TO THE I FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI IN CERTIFYING CAU	INDINGS CONSIDERED SES OF DEATH?
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	giving g the (C) BUTING TO THE	20A. AUTOPSY? (Yes or No) NO in or obout 21C. WHERE DID	208. IF YES, WERE FI IN CERTIFYING CAU	Hoar
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner)	giving g the (C) BUTING TO THE I FOR WHICH OPERATION D 21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	20A. AUTOPSY? (Yes or No) NO in or obout 21C. WHERE DID	208, IF YES, WERE PI IN CERTIFYING CAU (If in Boltimore	INDINGS CONSIDERED SES OF DEATH?
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	giving g the (C) BUTING TO THE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Wh	20A. AUTOPSY? (Yes or No) NO in or obout 21C. WHERE DID office bidg., INJURY OCCUR?	208, IF YES, WERE PI IN CERTIFYING CAU (If in Boltimore	INDINGS CONSIDERED SES OF DEATH?
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour (APPROX.)	giving g the (C) BUTING TO THE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Wh	20A. AUTOPSY? (Yes or No) NO in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJU	208. IF YES, WERE PI IN CERTIFYING CAU (If in Boltimore	INDINGS CONSIDERED SES OF DEATH? City, give exoct locotion)
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21A. ACCIDENT WAS UNDERLYING DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Year) (Hour CAPPROX.) 22. I certify that (I) (this hospital) after	giving g the (C) BUTING TO THE I FOR WHICH OPERATION D 21B. PLACE OF INJURY (e.g., home, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Whyork Not Whork Not Work	20A. AUTOPSY? (Yes or No) NO in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJU	208. IF YES, WERE PI IN CERTIFYING CAU (If in Boltimore	INDINGS CONSIDERED SES OF DEATH? City, give exoct location)
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Hall Cem.

24C. FUNERAL DIRECTOR

Samuel Savage

Parksley,

Accomack, Va.

New Church. Va.

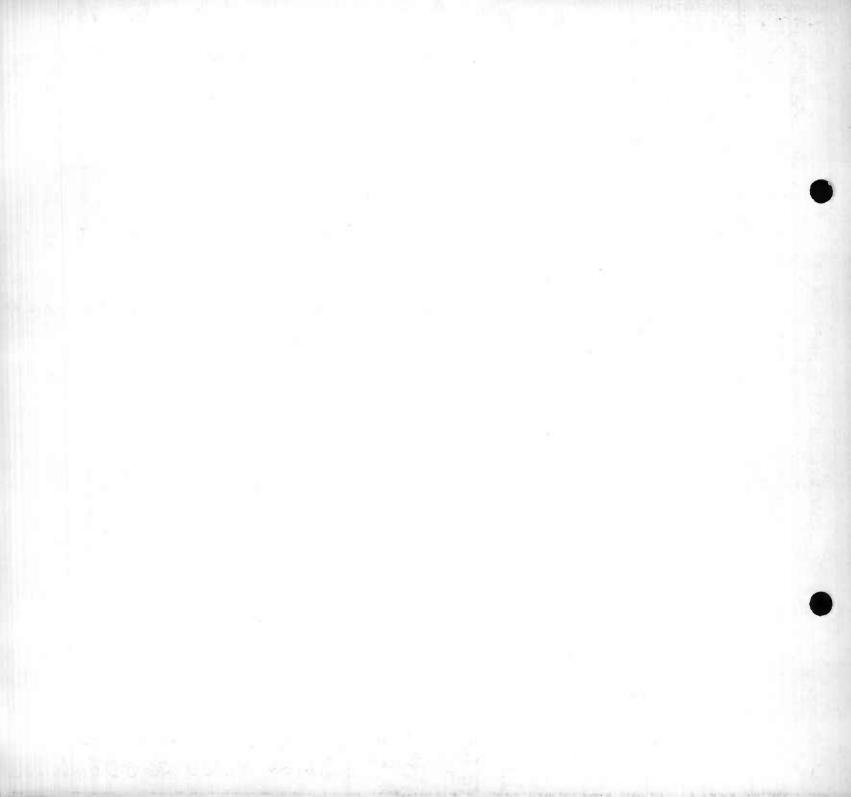
Burial

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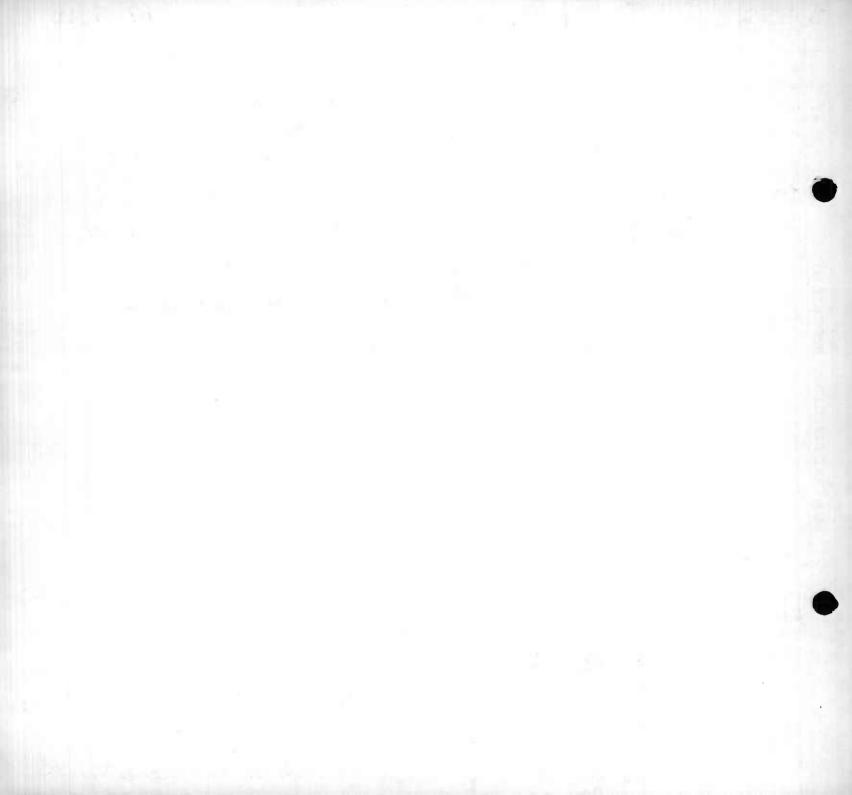
20,1967

248 NAME OF REGISTRAR

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BALTIMORE CITY HEALTH DEPARTMENT



6/ /8/2	CITY HEALTH DEPARTMENT	egistered No. 67	7842
M.E. CASE NO.	CAIL OF DEATH		
1. NAME OF DECEASED (Type or Print)	2. DATE AND HE		. 30
HARDESTER-, WILLIAM	S- Augus	st 15, 1967	1: = A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where dec	eosed lived. If institution:	residence before odmis
FULL NAME OF (If not in hospital or institution, give street	Manylond		13000 P
HOSPITAL OR oddress or location)		city limits, write RURAL or	nd give township)
INSTITUTION	Bellimore	,,	500
5. A 1 hours & Heap.	D. STREET ADDRESS (If ruro).	give location)	U 5 - C
Schurch Home + Hosp.	1108 Beech		
5. SEX 6. RACE 7. MARRIED NEVER MARRIED		10-	. 1 %
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (specify		SE (In years If Und wirthdoy) Months	er 1 Yr. If Under 24 Doys Hours M
77	0 /	73	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU		untry) 12. CIT	TIZEN OF HAT COUNTRY?
C. Pl. A. Ablance O.	quargland		USA
Huchster Huchster	14. MOTHER'S MAIDEN NAME		0//
.0.11100		11. 01	-
cuits give	Enema A	fourth	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No 212-14-113	LA Elevera de so.	ter (wife)	came.
	E OF DEATH	200 (20176)	INTERVAL BETWEEN
10 611	L OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			3 week
(This does not mean the mode of dying, e.g., DUE TO	potie monfice	ency	
injury or complication which caused death,)	potie neeligns	encer ??	undum
ANTECEDENT CAUSES (B) DUE 10			000000000000000000000000000000000000000
DISEASES OR CONDITIONS, if ony, giving		,	
rise to the obave cause (A) sloting the (C)			
Z OTHER EICHIELGANT CONDITIONS CONTRIBUTING			
OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CLASSICAL DISEASE OR CONDITION CAUSING IT.	releatio heart	disease	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION			
198. CONDITION FOR WHICH OPERATION WAS PERFORMED		3. IF YES, WERE FINDING	DEATH?
W 21A ACCIDENT WAS INDESIVENCED	a is a shout 21 C MUTAT STA	OF STREET	
OR CONTRIBUTING CAUSE OF home, form, foctory, street	eg, in or about 21 C. WHERE DID	(If in Boltimore City, gi	ve exoct locohon)
DEATH (notify medical examiner)			
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY	O C CUR?	
	While		
Work At V	1. 1. 22	7 1	15
22. I certify that (1) (this haspited) attended the deceased from	1	to cuy.	15 19 6
that (1) (we) last sow the deceased alive an Cung.	19 6 T and that in	(my) (aur) opinian de	oth occurred on the
ond haur and from the couses stated above. (1) (We) (did) (did no			
23A. SIGNATURE *		23B. DA	TE SIGNED
Gentlette ares M.D.	Attending Med. Stoff		-15-67
Total 4 decreed 8	Phys. Director Phys.	0	- / /
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS		0
NUNITA L. SUARGZ	A.D. Chusch Ho	me + M	and .
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF	CREMATORY 24D. LOCAT	ION ICity, town,	or county) ISt
REMOVAL (Specify)		, ,	
Burial 8-18-1967 Gardens of Fa	ith Cemetery Balts	imore Co.	Md,
2SA. DATE REC'D BY HEALTH DEPT 2SB NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS 36
408 10 1961 Of Cato E. Lakey	John Dag	mark Dan.	7 4 1 / BODA.
VS 150-REV. 1/1/6S	The contract of the contract o	100000-10170	

effected down a may 1108 Mesen De " 6-17-84 15 5.2% Maryellon Fnot imperfect 423 Emme Howells Surgery Greece ter Elen derenti lesp :---Morte may firemany I were Hypotic malignancy administration dear to discover ing that of at aug IT 6 2 8-07-67 advant from to Horas.

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature. (2) Body burns: (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased 1	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
IMPORTANT	or his assistant if Also, if the directory of any kind: (4)	attendance on the
FUNERAL DIRECTOR: IMPORTANT	vved by the chief medical examiner. hospital by a medical examiner.	was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.
•	This certificate must be approte the body was released to the shows: (1) An accident of any	was D.O.A. at a hospital (exdecessed prior to death); an written approval must be obt

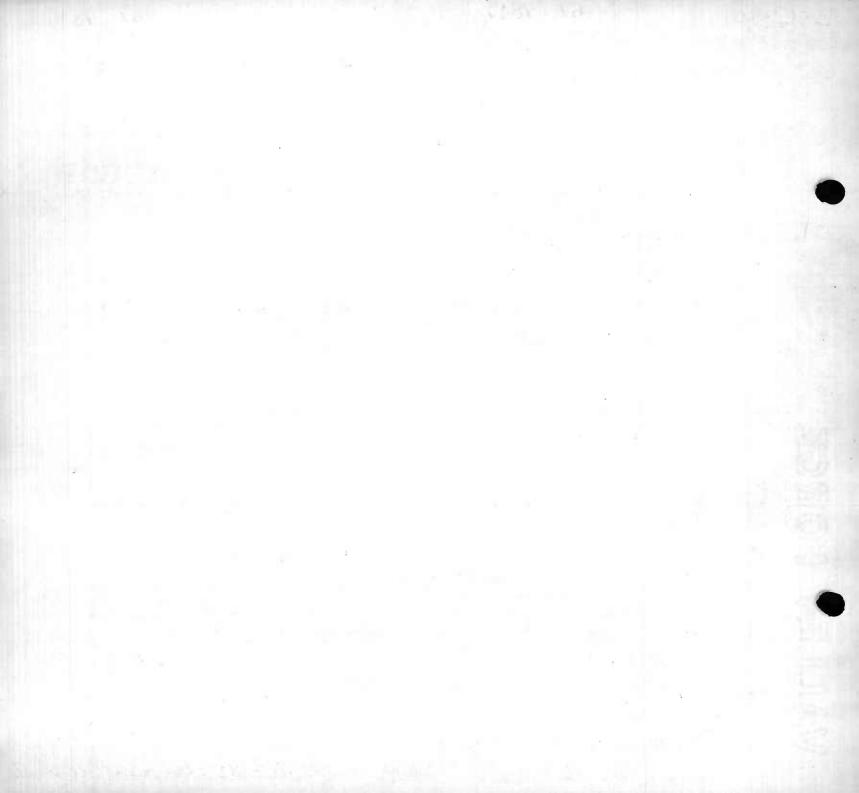
IRTH NO.	6	7. 7	CERTIFICA			Registered No.	67	7843
M.E. CASE NO			GEIXTH 107			D HOUR OF DEATH		
Type or Print)		C. List	er			-13-67		IO:IO A
PLACE OF	DEATH IN BALTIMORE, MA				-	re deceased lived. If in	nstitution: leside	
FILL MAA	es on the state of the state of			A. STATE		TT.		
FULL NAM HOSPITAL INSTITUTIO	OR - oddiess or locotio	n)	n, give stieet	C. CITY OR TO		side city limits, write	RURAL ond giv	ve township)
טווטווט	N			Baltin	nore			26-10
7	Church Home H	ospita	1	D. STREET ADD	RESS (If	iural, give location)		
20				IIO S	.Clinto	n Street		
. S EX	6. RACE		ED, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRT		9. AGE (In years lost birthday)	If Under 1 Months: Do	Yr. If Under 24 ys Hours Min
M	W	Man	ried	4-11-19	19	48		
	CCUPATION (Give kind of world start of working life, even if retired)	108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or forei	gn country)	12. CITIZEN WHAT	OF COUNTRY?
-	ion Board	Balto	,City	Baltimo	re.Marv	land	U.S	
3. FATHER'S		Darec	, 010	14. MOTHER'S A	AAIDEN NA	ME	0.0	
Michal	on Idates			Feenana	Diet-	1.		
. Wos Dece	as Lister ased Ever in U. S. Armed For	ces?	16. SOCIAL	Frances 17. INFORMANT		K	AD	DRESS
	nown) (If yes, give wor or dote	s of service						
WWII			217-07-2906		Lister	IIO S.Clin		
18.	20.11		CAUSE O	F DEATH				ERVAL BETWEEN SET AND DEATH
/ DIS	SEASE OF CONDITION DI	RECTLY	ν Λ.	1	101	1000	113	
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heart fail	ure, oslhenio, etc. It meons	the diseo	se, Ante	RIDSCLER	DTIC	CARDINVACC.	DIS-	
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (B) PREMATURE VENTRICE					CILLAR RE	EN-TC		
	ANTECEDENT CAUSES		DUE TO	13101512				
	S OR CONDITIONS, if							
	rise to the obove couse (A) stating the (C) UNDERLYING CONDITION lost,				**************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
= IO INE	DEATH BUT NOT RELA		THE					
J 19A DATE	OF OPERATION 198. CON		R WHICH OPERATION	20 A. AUTOPS	Y? (Yes or No	208. IF YES, WERE	FINDINGS CO	NSIDERED
						IN CERTIFIED CA	0313 01 012	
OF CONT	RIBUTING CAUSE OF		218. PLACE OF INJURY (e.g., in	fice bldg. INJURY	HERE DID	(If in Baltimor	e City, give ex	roct location)
	notify medical examiner		etc.)					
21 D. TIME		(Hour) 2	TE INJURY OCCURRED	21 F. HC	OW DID INI	URY OCCUR?		
OF INJUR			White At Not While At Work					
							7 111 51	7 4 17
22. I cer	tify that (1) (this hospital	l) attende	d the deceased from	1				3 19 6
that (I) (we) last saw the decease	ed alive a	JULY	19	ond th	at in(my) (aur) api	inion deoth o	ccurred on the
and hour	and from the causes sta	ted above	(I) (We) (did) (did not) v	iew the bady a	fter death.			
23A. SIGN	ATURE	1 1					23B. DATE S	IGNED
	File In	Here	M.D. Atte		led.	Staff Phys.	8.1	4.5
23C.PHYS	ICIAN'S			23D. ADDRESS				(0)
NAM	IE (Type) A F WA	1 (1)	M.D.	7151	N / W	100100		
4A. BURIAI	CREMATION, 248. DATE	342	NAME of CEMETERY of CRI	1.3	240 1	OCATION (C	ity, town, or co	ounty) (Stote
	AL (Specify)				1 1 2 2			13101
Buria			Gardens of Fa		1	ltimore, Mar	yland	
5A. DATE RE	C'D BY HEALTH DEPT.		E OF REGISTRAR	25C. FUNERA				ADDRESS
	AUG 1 6 1967	Pole	of E. tarbura	Walte	erDabr	owski I005	Dundalk	Avenue
S 150-REV. 1	1/1/65							

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VS 151-REV. 1/1/65

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BIRT	H NO. MED	ICAL EXAMINER'S C	ERTIFICATE OF D	EATH Registe	ored No.07 /846
M.E	CASE NO.				
	NAME OF DECEASED		2. DATE AND	HOUR PRONOUNC	ED DEAD
i y p	CHARLES M.	LANGREHR		August 15,	1967 7:00 A.M
. P	LACE IN BALTIMORE, MARYLAND, V		4. USUAL RESIDENCE (Where de	eceosed lived. If inst	hitution: residence before admission
			Maryland	в. сос	SNII
10	SPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)	C. CITY OF TOWN (If outside	corporote limits, write	RURAL and give township)
NS	TITUTION		Baltimore		23-0-
ű	South Raltimore C	eneral Hospital (DOA		ive location)	
1	South Baltimore G	eneral nospical (box	1831 S. Charle		
. S	EX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Tif Under 1 Yr. If Under 24 Hr
1	o. RAGE	WIDOWED, DIVORCED (specify)		lost birthdoyl	Months Doys Hours Min.
	Male White	Married	Jan. 24, 1903	64	
		rk TOB. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
one	during most of working life, even if refired) Painter	Ship Building	Balto. Md.		USA
3. [ATHER'S NAME		14. MOTHER'S MAIDEN NAME		
ξ.	Unknown WAS DECEASED EVER IN U.S. ARME	D FORCES? 116, SOCIAL	Unknown 17. INFORMANT		ADDRESS
	, no or unknown), (If yes, give wor or do		17. INFORMANT		ADDRESS
	No		Family		Same
	18.	CALLS	E OF DEATH		INTERVAL BETWEEN
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R	ELATED TO THE			
CERTI		NDITION FOR WHICH OPERATION REFORMED		OB. IF YES, WERE FI	
Y-	2TA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B. PLACE OF INJURY (e.g.,	NO in or obout 21C. WHERE DID (If office bldg., INJURY OCCUR?	in Boltimore City, gi	ive exact location)
2	UTING CAUSE OF DEATH.	etc.)			
Σ	21D TIME (Month) (Doy) (Ye OF INJURY (APPROX.)	WHILE AT NOT	WHILE	Y OCCUR?	
	22.		WORK L		
	I certify that I held on	Inquiry Inspection X Au	utopsy and that on this	bosis, deoth in r	my oplnion
	resulted from: Notural c	ouses X Accident Suici	de Homicide U	ndetermined mann	er 🗌
			CHIEF MEDICAL EXA		
	ACTUAL // 010	11-5-11			DATE SIGNED
	SIGNATURE (OCO)	MI (MI	ASSISTANT MEDICAL EXA		8/15/67
	EXAMINER'S Werner	U Spitz M.D.	ASSOCIATE MEDICAL EX	AMINER	0/13/0/
70.	NAME (Type)	V	CREAL ATORY 122D 40	CATION (C')	, town, or county) (Stote)
	BURIAL CREMATION, 238. DATE	23C. NAME OF CEMETERY	OF CREMATORY 23D. LO	CATION (City	, lowil, or country) (31016)
	Burial 8 18	67 Glen Have	en ca	en Burnie.	A A CC 313
24/	A. DATE REC'D BY HEALTH DEPT.	248. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	en burine,	ADDRESS Md
	AUG 1 6 19		Mc Cully	7	30 F Fort
	1100-013	Undered C. Markey	and the	1,	30 E. Fort ave

The second Linear which is

4 4 5 5

	FIO AF	Y HEALTH DEPARTMENT	67 70 AM
BIRTH NO.	7847 CERTIFICA	TE OF DEATH Registered No.	01 1041
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Type or Print)	- ((12 11	3/ 1
B. PLACE OF DEATH IN BALTIMORE, MAR	YLAND Or COYA	4. USUAL RESIDENCE (Where deceased Kved. If in	nstitution: residence before admission
		A. STATE B. COUNTY	11 / 11
HOSPITAL OR oddress of location	institution, give sheet	C. CITY OR TOWN (If outside city limits, write	Holder Co
INSTITUTION -	C 22 2 11 1		KOKAL ond give township)
2 Juniversity	of Md. Hospt.	D. STREET ADDRESS (If surel, give location)	Od 38
20		2208 (edar	Lane
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr If Under 24 Hr
MW	WIDOWED, DIVORCED (specify)	11 / 12/13 lost birthdoy	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country)	12, CITIZEN OF
fone during most of working life, even if retired)	111 =	2000 1 de la Pote	WHAT COUNTRY
Chef	Dell Emb.	There your any	U.371.
3. FATHER'S NAME		14. MOTHERS MAIDEN NAME	
John corc	own	Wilhelmone Joldo	W
5. Was Deceased Ever in U. S. Armed Forc Yes, ng or unknown) (II yes, give wor or dotes	es? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
70, 9, 0, 0, 0, 0, 0, 0	117-07-9260	Charlette porcoran -	same as above
18. 7 7 8 Y I		DF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIR	CTLY		ONSET AND DEATH
LEADING TO DEATH	30	and meant is Sensia	2 dama
(This does not mean the made of heart failure, asthenia, etc. It means		on regalie sepsis	
injury or complication which coused		ego, vooraneeron en graan	791
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if a			c, 0
underlying condition lost.	sloling the (C)	pper 61 bleeding	8 days
			,
OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING		3
TO THE DEATH BUT NOT RELATED TO THE DEATH OF	TED TO THE	lovi ul line	1
19A. DATE OF OPERATION 19B. CONE	DITION FOR WHICH OPERATION	20A. ANTOPSEP (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFO	DRMED	IN CERTIFYING CA	USES OF DEATH?
2014 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Baltimor	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	in or about 21C. WHERE DID (If in Boltimos My OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, lorm, foctory, street, o	office bldg., INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D, TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, lorm, foctory, street, o	21F. HOW DID INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E INJURY OCCURRED While At Not White Mark Work	21F. HOW DID INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21E INJURY OCCURRED While At Not Whi Work attended the deceased from	21F. HOW DID INJURY OCCUR?	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX) 22. I certify that (1) (this hospital) that (1) (we) last saw the deceased	(Hour) 21E INJURY OCCURRED While At Not Whi Work attended the deceased fram dalive an 8/2	21F. HOW DID INJURY OCCUR? 19 7 ta	e City, give exact location)
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 210. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (1) (this hospital) that (1) (we) last saw the deceased and haur and fram the causes state 23A. SIGNATURE	(Hour) 21E. INJURY OCCURRED While At Not White At Work attended the deceased fram ad alive an S Attended abave (1) (We) (Mid) (did nat) white Attended the deceased fram Attended abave (1) (We) (Mid) (did nat) which Attended abave (1) (We) (Mid) (Attended national nation	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	e City, give exact location) S 19 67 Inian death accurred an the da
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) that (I) (we) last saw the deceased and haur and fram the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE PHOVAL (Specify) DEMOVAL (Specify) Aug-15.	home, lorm, foctory, street, of etc.) (Hour)	21F. HOW DID INJURY OCCUR?	e City, give exact location) 5 / 2 19 67 Inian death accurred an the da 238. DATE SIGNED 7 / 2 / 6 7
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital) that (I) (we) last saw the deceased and haur and fram the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE PEMOVAL (Specify) Divinal	home, lorm, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not White Work attended the deceased fram ad above. (1) (We) faid) (did nat) and above. (1) (We) faid) (did nat) Attended to not be a compared to the compar	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	e City, give exact location) 19 67 Inian death accurred an the da 23B. DATE SIGNED 7 / 2 / 6 7 T. 2 / 3 - 0 / ity, town, or county) (State)



VS 150-REV, 1/1/65

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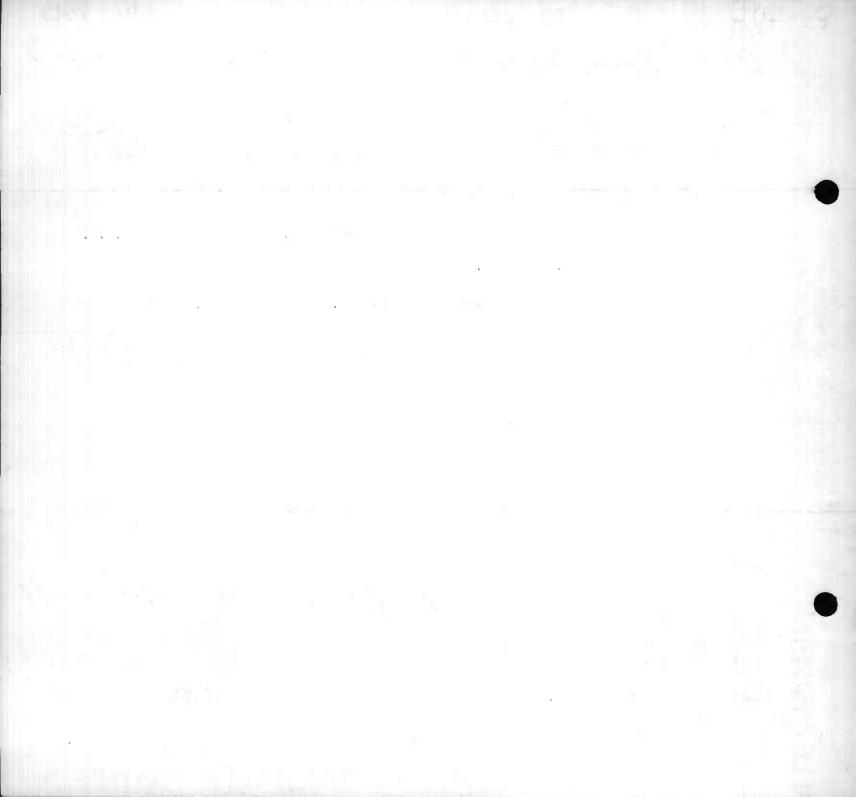
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IMPORTANT

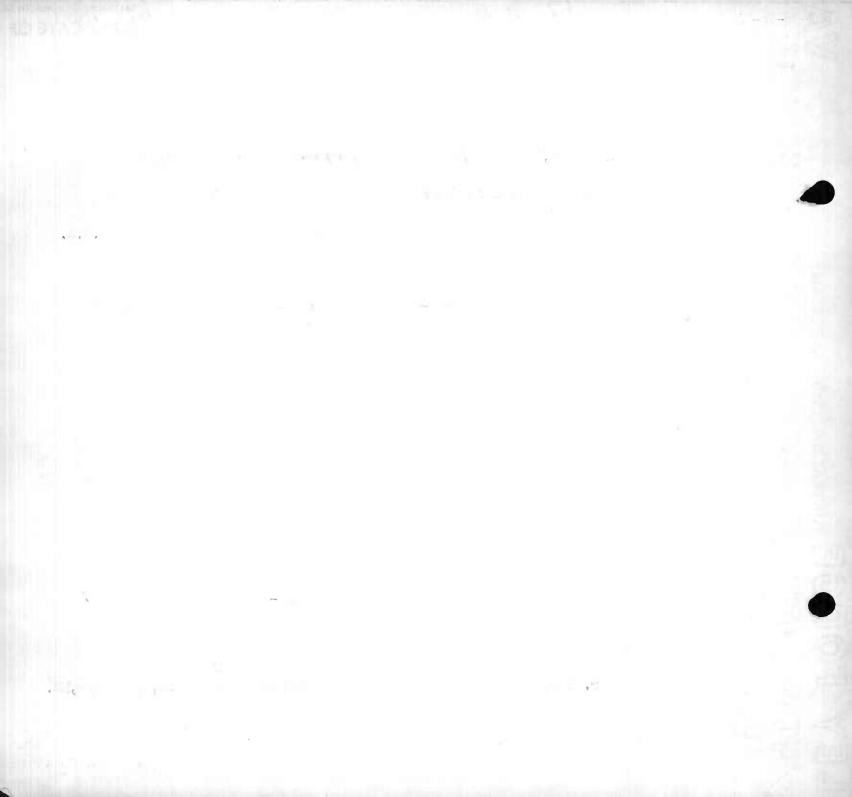
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/65

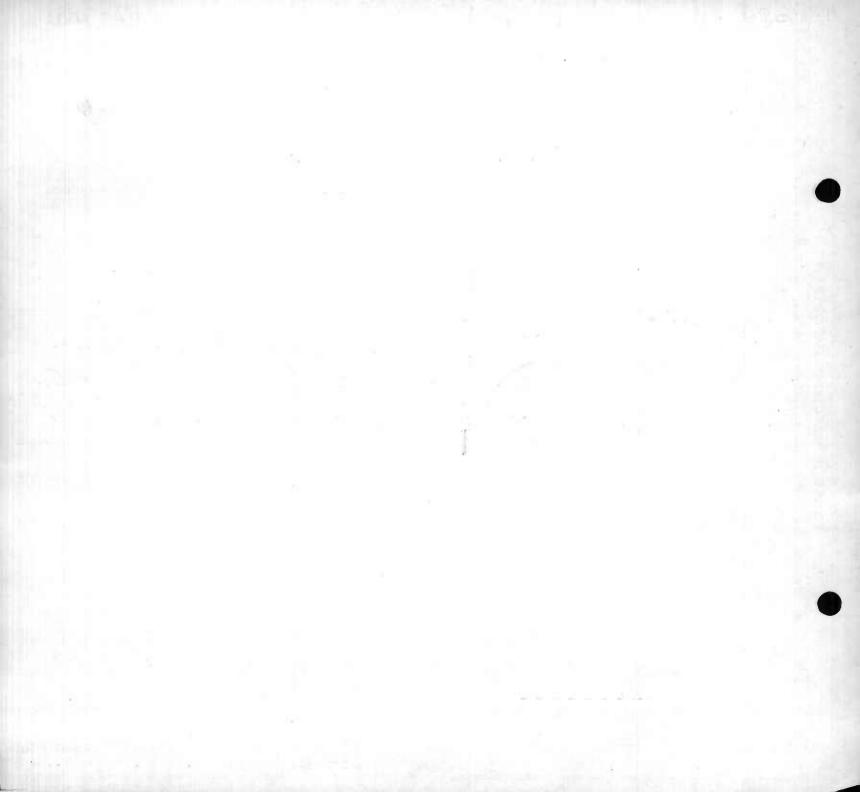


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If Under 24 Hrs.

Hours

INTERVAL BETWEEN ONSET AND DEATH

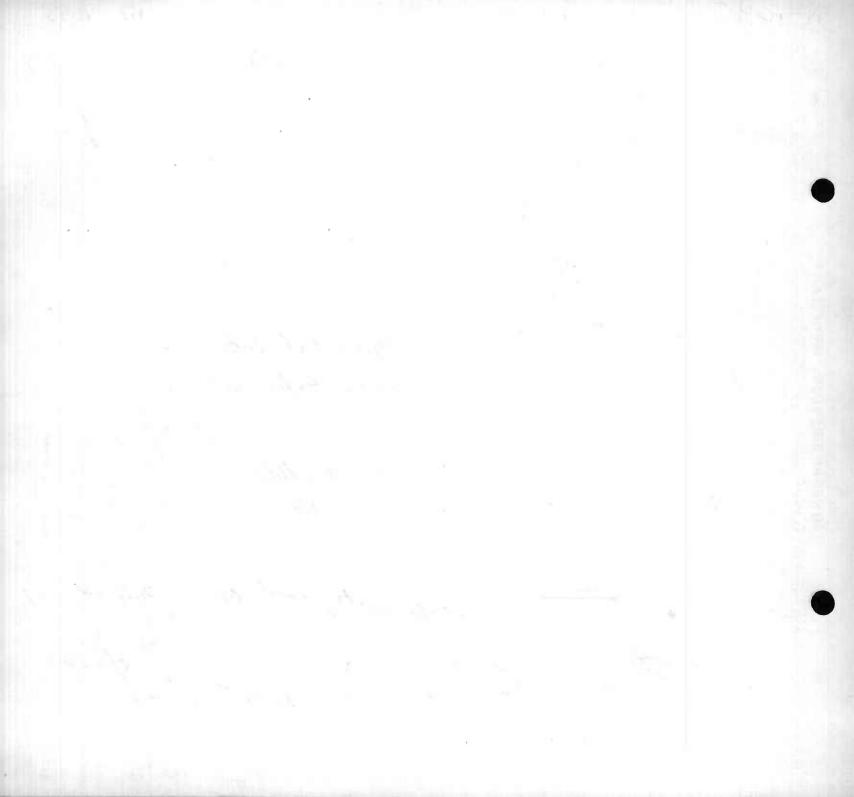


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	HEALTH DEPARTMENT		C) In	1210 000
M.E. CASE NO.	852 CERTIFICA	TE OF DEATH	Registered Na.	67	7852
Type or Print)	hARY L.	8/13	HOUR OF DEATH	20P.n.	7 , M
FULL NAME OF (If not in hospital at institut		A. STATE B. COUNT	N. T.		before admission)
HOSPITAL OR oddress or location)		01	ide city limits, write RUI		ownship)
THE Union Memoria	L Hospital		ural, give location)		/-/
5. SEX 6. RACE 1 7. MARF	NCD NEVER MARRIED	4402 KOLA			
WIDO	WED, NEVER MARRIED DWED, DIVORCED (specify) WER MARRIED	02-26-79	88 years		
	ch Prati Library	1/:00:	ESSEX Co.	12. CITIZEN OF WHAT COU	
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAM		119618	164
Jupius Milling 1 5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown)(If yes, give wor or dates of servi	YIRGINIA) 1 6. SOCIAL SECURITY NO.	ELLEN PO	RCELL,	VRQ RNERX	108 h
tinthouna NONE	2210-44-0240	mes ma		42NG	Pherenan
DISEASE OR CONDITION DIRECTLY	/ CAUSE O	F DEATH		ONSET	AND DEATH
LEADING TO DEATH	(A) ER	POIND SMALL 8	Bonf & OBST	Bu From	2
(This does not mean the mode of dying, heart failure, asthenio, etc. It means the dise injury or complication which caused death.)		112	. 10		
ANTECEDENT CAUSES	(B) DUE TO	northe Hern	IA with Rec	RREIN	JT.
DISEASES OR CONDITIONS, if ony, gives to the above couse (A) stating UNDERLYING CONDITION last.			1710	nacrov)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			Samt's		
	or which operation	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDER OF DEATH?	DERED
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	or about 21C. WHERE DID	(If in Boltimore C	ity, give exact	location)
21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?		
(APPROX.)	While At Not While At Wark			1,	
22. I certify that (#) (this hospital) attended that (*) (we) last saw the deceased alive	-1-1	/ ./	t in(my) (obc) apinio	3/6	1967
and haur and fram the causes stated abov	- / · /		Tin(my) (000 aprilla	iii deaffi deed	irred an the date
23A. SIGNATURE			23	B. DATE SIGNE	ED
23C. PHYSICIAN'S	Phy	s. Director L	Stafl Phys.	8/13/	67
DR. DERMOT CAMPBELL	M.D.	THE UNION MEM	ORIAL HOSP	ITAL.	
	C. NAME of CEMETERY OF CRE	7112		town, or county	(Stole)
burial Aug-15-67	Druid Ridge		ikesville (21208)	
AUG 16 1967	reb E Saber MA	25C. FUNERAL DIRECTOR	wen Co.108-		-Av 21201
/S 150-REV, 1/1/65		TI DECEMBER OF ME	wen Co.108-	-WOI 011.	- NV 61501

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VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

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	TOEA	TE OF DEATH	Registered Na	67 7854
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) JOHN L. MC.	LEAN (McLEan	2. DATE A	ND HOUR OF DEATH	67 M
FULL NAME OF (If not in hospital or instit		A, STATE B. COU		stitution: residence before admission)
HOSPITAL OR address or lacotion) INSTITUTION		C. CITY OR TOWN (If o	utside city limits, write R	URAL and give Winship
#2 SINAI HOSPITAL		D. STREET ADDRESS (1) 2909 Norfo	trurol, give location) Lk Avenue	
WIE	RRIED, NEVER MARRIED DOWED, DIVORCED (specify) 1ngle	8. DATE OF BIRTH Oct 23, 1914	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
IGA. USUAL OCCUPATION (Give kind of work 10 B. KII done during most of working life, even if retired)		11. BIRTHPLACE (Stote or for MAXTON, NOR!	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	7000	14. MOTHER'S MAIDEN NA		0,5,8,
GEORGIANNA MCLEAI		JOHN BUI	TET	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of se	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1B. ()	O 32UAO	Mrs. Esther	McCutcheon	2909 Norfolk
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying,	e.g., DUE TO	ute Myoran	dial tops	onset and death not knows
heort foilure, osthenio, etc. It meons the dis injury or complication which caused death.) ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		Mellitus		not knows
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	fice bldg., 1NJURY OCCUR?	(If in Boltimore	City, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)	While At Nort While Work At Work		JURY OCCUR?	
22. I certify that (I) (this hospital) atter	ided the deceased from		.19to	19
that (I) (we) lost sow the deceased aliv	e on	19and t	hot in (my) (aur) api	nion death accurred an the dote
ond hour and from the couses stoted abo	ove. (1) (We) (did) (did not)	riew the bady ofter deoth	•	23B, DATE SIGNED
lenn Pts Tr	M.D. Att.	ending Med. S. Director	Stoff Phys.	236, DATE SIGNED
23C. PHYSICIAN'S NAME ITYPE ENVETH	WETCHEM.O.	23D. ADDRESS		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D.		ty, town, or county) (State)
BURIAL 8-20-67 25A. DATE REC'D BY HEALTH DEPT. 25B. N	Waterton Cem	etery	Maxton, 1	North Carolina ADDRESS
	at All Stan o	man dis A		

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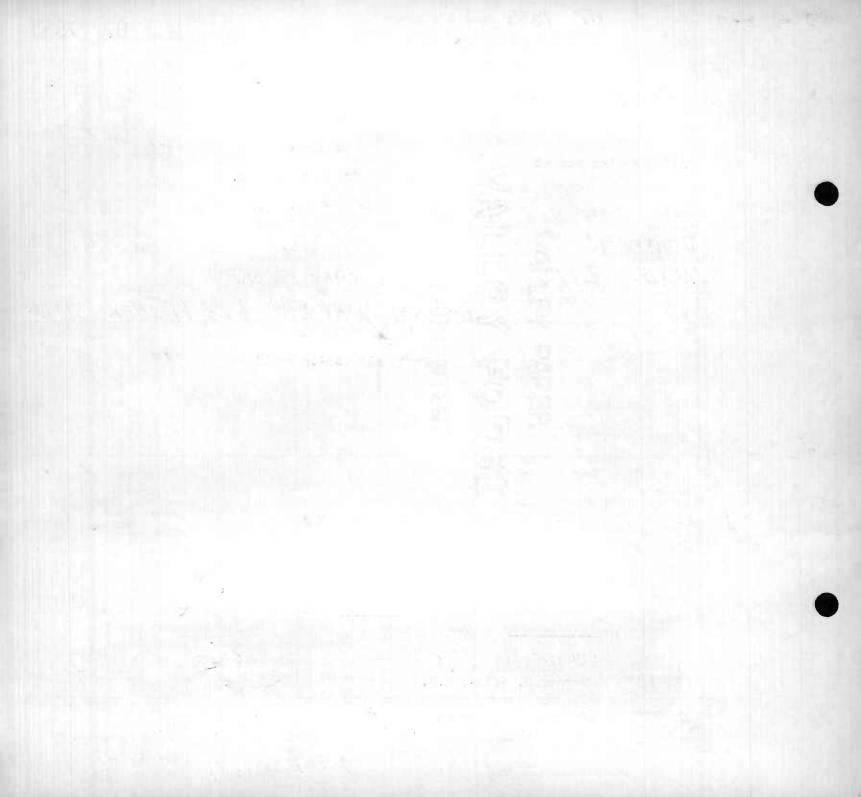
REUNETH WETCHER

LANCE CO.

.de scensa 1011

67 7855 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 7855

M.E.	CASE NO.				
1. NA	ME OF DECEASED			2. DATE AND HOUR PRONOUN	CED DEAD
(17)	DORA	EPPS		August 14, 1967	12:30 A.
3. PLA	CE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESID	ENCE (Where deceased lived, If in	stitution: residence hefare admission)
			A. STATE Marvla	-	YTAUC
	NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OF TOW	VN (If autside carparate limits, wri	ite RUPAL and give township)
	UTION		Do1+3-		4-0-
00	F1F W.W. h Chance	4	Baltin	NOTE (If rural, give location)	
10	515 McMechen Stree	L			
				Mechan St.	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months, Days, Hours, Min.
F	emale Negro	SINGLE	4-4-	1924 43	
	0	KIOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF
dane d	rieg mast of warking life, even if retired)		1.	n	WHAT COUNTRY?
12 EA	THER'S NAME		14. MOTHER'S M	AIDEN NAME	14,5,4,
13.17	ADVIE F.D.D.C		A'A A A A	AND AND	
/	VAXIE EYE		MAKY	MOOKE	
	S DECEASED EVER IN U.S. ARMED		17. INFORMANT	20	ADDRESS
1163,11	1/1	2 M. 1/h. 2 A 7 /	MADV	FDDC 197 11	TOHED ST
120	70	100001	(YY) / L	-110 600 14	ICITER OF
18,	1-81.0:	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DI	RECTLY			
	LEADING TO DEATH	(A) Fally	Alteration	n of Liver	
	(This does not mean the mode of heart failure, asthenia, etc. It means	the disease.			
	injury or complication which caused	death.)			
	ANTECEDENT CAUSE	S			
	DISEASES OR CONDITIONS, IF A	(P)			
	RISE TO THE ABOVE CAUSE (A) S	TATING THE			
7	UNDERLYING CONDITION LAST.	(C)			
Ō⊢					
4	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING			
윤	TO THE DEATH BUT NOT RE	LATED TO THE			
ERTIFICATION	DISEASE OR CONDITION CAUSING	IDITION FOR WHICH OPERATION	COA AHTOREY	/V N- 1200 tr vec were	TINDINGS CONSIDERS
핑 1 ⁷	WAS PER			Yes or No. 208. IF YES, WERE IN CERTIFYING CAL	USES OF DEATH?
_ 100			Yes		Yes
O UI	A. EXTERNAL CAUSE WAS	21B. PLACE OF INJURY (e.g., hame, farm, factory, street, o	in or obout 21C. W	HERE DID (If in Baltimare City, OCCUR?	give exact lacation)
DIC.	ING CAUSE OF DEATH.	etc.)			
7	D TIME (Month) (Day) (Yea	r) (Hour) 21 E. INJURY OCCURRED	21F. HC	OW DID INJURY OCCUR?	
	INJURY PPROX.)		WHILE		
		m. WORK AT W	ORK		
22		Inquiry Inspection Aut	apsy X and	that an this basis, death in	my oninian
		(49)			
	resulted fram: Natural ca	uses X Accident Suicide			ner
	[1100.	01		EDICAL EXAMINER	DATE SIGNED
	SIGNATURE MUM	9/2 /2 - 40	ASSISTANT MI	EDICAL EXAMINER X	DATE STORES
				EDICAL EXAMINER	8/14/67
	NAME (Type) Werner	U. Spitz, M.D.	ASSOCIATE III	EDICAL EXAMINER	5, 2 1, 51
	BURIAL CREMATION, 238. DATE	23C. NAME of CEMETERY of	CREMATORY	23D. LOCATION (Cit	ly, town, ar caunty) (State)
REMO	VAL (Specify)	157 SET 1. 0	(4.1)	DATT XX	/
	OURIAL 0-18-	61 /111 AUNU	RN	19AL/1. Ma	
24A. [ATE REC'D BY HEALTH DEPT.	24B NAME OF REGISTRAR	24C. FUNERA	AL DIRECTOR	ADDRESS
	AUG 1 6 1967.	R. P. B. E. Fallenna	lace	14 1/2/1/11/11/11	0 N Di / 1211
	1100 - 0 1001	dividend - Working	WOOF	10 DN 1517/63	7 IV, DKOAdWAV
140 10	1 BEN 1/1//				



	CASE NO. AME OF DECEASED MARGARET XX		EXX M. KNIERIEM		AND HOUR OF DEATH	2:20 P	
FU	ACE OF DEATH IN BALTIMORE, MAR	or institutio		4. USUAL RESIDENCE TO A. STATE MARYLAND		institution; residence before admissi	
	OSPITAL OR oddress or location			BALTIMORE	21228	RURAL ond give township)	
L	ST AGNES HOSPITAL			D. STREET ADDRESS (If rurol, give locotion) 25 CEDAR WOOD ROAD			
	6. RACE FEMALE WHITE USUAL OCCUPATION (Give kind of work)	WIDOW	ED, NEVER MARRIED VED, DIVORCED (specify) 1DOWED	1 4 90	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 h Months Doys Hours Min.	
one	during most of working life, even if refired)		Home	MARYLAN		12. CITIZEN OF WHAT COUNTRY?	
	CHARLES W. Owens			MARY KIGG			
fes,	as Deceased Ever in U.S. Armed Forc (If yes, give wor or dotes		1 6. SOCIAL SECURITY NO.	17. INFORMANT ST AGNES H	OSP RECORD	ADDRESS S	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. II meons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DUE TO			nhunan	THE L	Son Con	
			DUE TO	, to more	Wille	Nn	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or rise to the obove couse (A) UNDERLYING CONDITION lost.		DUE TO	, for more	Wilme	N/M	
AHON	DISEASES OR CONDITIONS, if or itse to the obove couse (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS COUNTY TO THE DEATH BUT NOT RELATIONS AND DISEASE OR CONDITION CAUSING IT	Stating I	DUE TO ng he (C) ING THE				
CAHON	DISEASES OR CONDITIONS, if or itse to the obove couse (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS COUNTY TO THE DEATH BUT NOT RELATIONS AND DISEASE OR CONDITION CAUSING IT	STATES TO THE ST	ng he (C)		No) 208. IF YES. WER	E FINDINGS CONSIDERED AUSES OF DEATH?	
CERTIFICATION	DISEASES OR CONDITIONS, if or rise to the obove couse (A) UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATIONED CAUSING IT 194. DATE OF OPERATION 198. CONTO	ONTRIBUTIED TO T. DITION FOO ORMED	DUE TO ng he (C) ING THE	20 A. AUTOPSY? (Yes on	No) 208, IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED	
MEDICAL CERTIFICATION	DISEASES OR CONDITIONS, if or ise to the obove couse (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS COUNTY CONDITIONS COUNTY CONDITIONS COUNTY CONDITION CAUSING TO THE DEATH BUT NOT RELATED TO THE OF OPERATION CAUSING TO CONTRIBUTING CONDITIONS COUNTY CONTRIBUTING CAUSE OF	ONTRIBUT TED TO C. DITTON FO ORMED	ING THE OR WHICH OPERATION 218. PLACE OF INJURY (e.g., income, form, foctory, street, on the property of the	n or about 21C. WHERE DID ffice bidg., INJURY OCCUR	No) 208, IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exoct locotion)	
MEDICAL CERTIFICATION	DISEASES OR CONDITIONS, if or isse to the obove couse (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS COUNTY COUNTY CONDITIONS COUNTY C	ONTRIBUTTED TO TO ORMED (Hour) ottended dolive o	TING THE ING THE ING THE ING THE ING THE IND THE THE IND THE	20 A. AUTOPSY? (Yes on nor obout 21 C. WHERE DID fifice bidg., INJURY OCCUR 21 F. HOW DID 18 8/8/ 19 67 ond view the body after deci-	No) 208. IF YES, WERI IN CERTIFYING C (Iff in Boltimo	e FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location) 15 8/28/67	
MEDICAL CERTIFICATION	DISEASES OR CONDITIONS, if or itse to the obove couse (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS COUNTY TO THE DEATH BUT NOT RELATION DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONDITION COUNTY WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 22 D. TIME (Month) (Doy) (Year) (APPROX.) 22. I certify that (I) (this hospital) that (I) (we) lost saw the deceased and hour and from the couses stated that (I) (we) lost saw the deceased and hour and from the couses stated that (I) (We) lost saw the deceased and hour and from the couses stated that (I) (We) lost saw the deceased and hour and from the couses stated that (I) (We) lost saw the deceased and hour and from the couses stated that (I) (We) lost saw the deceased that (I) (We) lost saw the decea	ONTRIBUTIED TO CORMED (Hour)	TING THE OR WHICH OPERATION 218. PLACE OF INJURY (e.g., bome, form, foctory, street, oetc.) 218. INJURY OCCURRED While AI Not White At Work d the deceased from 8/15 (I) (We) (did) (dld not)	20A. AUTOPSY? (Yes or not obout 21C. WHERE DID ffice bidgs, INJURY OCCUR 21F. HOW DID 8/8/ 19 67 ond wiew the body after deciding Med. Sirector 23D. ADDRESS ST. AGNES H	No) 208. IF YES, WERI IN CERTIFYING C (If in Boltimo (If in	E FINDINGS CONSIDERED AUSES OF DEATH? DIE City, give exoct locotion) 15 8/XX/67 19 Dinion deoth occurred on the organization of the organization	

J. C. V.

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FUNERAL DIRECTOR: IMPORTANT

6	BIRTH NO. 67 7	251	TE OF DEATH	Registered No	67 7857
	M.E CASE NO. 1. NAME OF DECEASED (Type or Print) Stephen J. Bev	berich	2. DATE AN	D HOUR OF DEATH	800 4
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	ŢΥ	stitution: residence before odmission)
	FULL NAME OF (If not in hospitot or instilut HOSPITAL OR oddress or location) INSTITUTION	1 1 0	C. CITY OR TOWN (IF out		URAL ond give township)
	3 4 Bon Secours	Hospital	Baltmore D. STREET ADDRESS (III	Curol, give location)	601
9	0 7		121/2 10.	Decker	Ave
is made		RIED, NEVER MARRIED OWED, DIVORCED (specify) MURRIED	3-25-88	9. AGE (In years lost birthdoy)	onths Doys Hours Min.
00	16A. USUAL OCCUPATION (Give kind of work 10B, KINI done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11 1	gn country)	12. CITIZEN OF WHAT COUNTRY?
Tinal disposition	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME.	U.S.A.
della	Carl Berbenich		1 1001	tin	
5	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	16. SOCIAL SECURITY NO. 216-32-9433	17. INFORMANT	11 601	ADDRESS
	18. 4 2 7. / 1	CAUSE 0		iverica our	Forest View Rd. INTERVAL BETWEEN ONSET AND DEATH
before the remains are embalmed	heart failure, asthenia, etc. It means the dise injury or complication which coused deoth,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi rise to the above couse (A) stating UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	ving the (C)	mphysiam		
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED		20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion
	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While AI Not White Work At Work	21F. HOW DID INJU	URY OCCUR?	
must be obto	22. I certify that Withis hospital) attend that With(we) lost saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE	on (I) (Me) (did) (did/sot) v		9 Tto Asset In (my) (pph) option	
	23 C-PHYSICIAN'S NAME (Type)	IXIII M.D.	130N SZ	FCOURS	HOSPITAL
	REMOVAL (Specify)	C. NAME of CEMETERY OF CR			y, town, or county) (State)
	Burial 8/18/1967 25A, DATE REC'D BY HEALTH DEPT. 25B, NAI	Loudon Park Co		altimore, M	Paryland ADDRESS E. Baltimore St.
1	AUG 1 6 1967 (L)	Credit El Steldberg M. A.	Joiet M. Monan	Inc. Julu	C. Daltimore St.



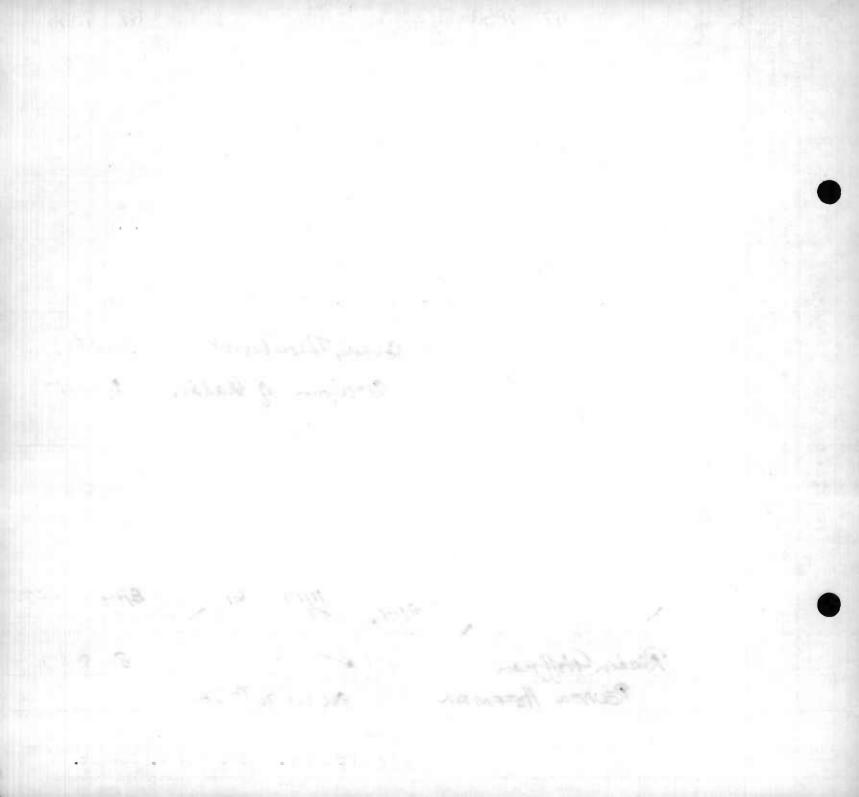
IIV	DEC or Print)	EASED			D HOUR OF DEATH	
1171	pe ui (iiii)	Sherman Me	ads		1, 1967	9:45
	FULL NAME O	F (If not in hospital	RYLAND or institution, grve street	4. USUAL RESIDENCE (Where A. STATE B. COUN' Maryland	e deceased lived. If ins TY	titution: residence before admiss
	HOSPITAL OR	oddress ar tacotiar		C. CITY OR TOWN (If out	side city limits, write RU	JRAL and give township)
		726 Pacific	Street	Baltimore		10-00
	00	Baltimore, M	aryland 21211	726 Pacific	ural, give lacotian)	
	ale	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	12/1/89	76	If Under 1 Yr. If Under 24 Months Days Hours Mi
don		working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY Cotton Mill	11. BIRTHPLACE (Stote or foreign	n Country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAM	Benjamin Me		Carter	A.E.	
		Ever in U. S. Armed Far Off yes, give war ar date W.W. I		Mrs. Sarah Meac	is 729 Paci	ADDRESS fic St. 21211
	DISEAS	SE OR CONDITION DIR LEADING TO DEATH at mean the made of	CAUSE O	ercinon of	sis	Suddo 5/29/67
	(This does n		the disease.			
	heart failure, injury ar cam	asthenia, etc. It means plication which caused ANTECEDENT CAUSES		Parcison of	bladden	5/29/67
	heart failure, injury ar cam DISEASES C	plication which caused	any, giving	Percision of		100.00
ATION	DISEASES Crise to the UNDERLYING	aplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A)	any, giving stating the (C) ONTRIBUTING TO THE	C		49.0
ERTIFICATION	DISEASES Crise In Industrial Indu	plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last. II FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I	ONTRIBUTING T. ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING	C		NDINGS CONSIDERED

Work 22. I certify that (1) (this hospital) attended the deceased from ond that in (my) (our) opinion death occurred on the date that (1) () lost sow the deceased alive 1967 and hour and from the causes stoted obove. (1) (Ne) (did) (did not) view the body ofter deoth. 23A. SIGNATU Stoff Phys. Attending Phys. Med. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, or county) 1967 St. Marys Cemetery (Hampden)
258 NAME OF REGISTRAR 25C. FUNERAL DIRECT Aug 17,1967

VS 150-REV. 1/1/65

Baltimore,

Frank W. Seitz 814 W. 36th



165	BIRTH NO. 7859 CERTIFICATE OF DEATH Registered No. 67 7859
ased the Such	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
on h.	LOHPP. SEJAREFERE
	FULL NAME OF (If not in hospital or institution, give street A. STATE B. COUNTY MARY COND D. A. STATE B. COUNTY
	HOSPITAL OR oddress or location) INSTITUTION C. CITY OR TOWN (If outside city limits, write RURAL and give township)
1	35 CHARCH HOST D. STREET ADDRESS (If rurol, give location) 35 CHARCH HOST 35 PARKSWITCH RD
1	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED, DIVORCED (specify) WIDOWED, DIVORCED (specify) WHOWED, DIVORCED (specify) WHOTE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WHOTE 1. MARRIED, NEVER MARRIED WHOTE 1. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WHOTE 1. MARRIED, NEVER MARRIED WHOTE 1. MARRIED
	16A. US(IAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	- NOTINES JANIFOR AMER CAY 14. MOTHERS MAIDEN NAME
	INHIN SCHOT PER AGUETA PALK
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service) 16. BOCIAL SECURITY NO. S. F. S.
1	
ı	This does not mean the mode of dying, e.g., heart follows of complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gives
I	ANTECEDENT CAUSES TO THE TOTAL PROPERTY OF THE
	rise to the obove couse (A) sloting the " L. (C)
	UNDERLYING CONDITION Iosi.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ARTERIOS CLEROTIC HEART DISEASE
I	198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ı	OR CONTRIBUTING CAUSE OF CAUSE OF Lorgy, foctory, street, office bldg., INJURY OCCUR?
	DEATH (notify medical examiner) etc.) BAR 2304 E. FARMOLINT AVE. 216. HOW DID INJURY OCCUR?
	E (APPROXI) 8-3-67 1030 While AI D Not While X STUMPLED OVER CHAIR AND TELL
	22. I certify that (I) (this haspital) attended the deceased from 8/4 19 67 to 8/1/12 19 67
	that (I) (we) lost sow the deceased alive on 8 12 19 6 7 and that in (my) (our) opinion death occurred on the do and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.
	23A. SIGNATURE 23B. DATE SIGNED
	23C. PHYSICIAN'S Attending Med. Director Phys. 1 Cup 12, 196
	NAME (Type) VENERACION M.D. Church Home + Hopp.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
	VS 150-REV. 1/1/65
	5828 1-1467 24 67 67

The 24 statement and the 1.10 Jun School and Musell Fair BAN W. THE HEAR WAY THANKS Charles South a China and Charles State Conand the state of the 13 " " " " " of more than Chinoch Home + Here EN THEIN

VS 150-REV. 1/1/65

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	OF	5 50		HEALTH DEPARTMENT	1/	67 7861
BIRTH NO.	67	. 786	1 CERTIFICA	TE OF DEATH	Registered No.	07 7001
M.E. CASE NO. 1. NAME OF DE	CEASED	FESSLE		2. DATE 8/12	AND HOUR OF DEATH	4:12 AM
ST AGN	ES HOSPITAL IS AND CATON 10RE MARYLAN	or institution,		MARYLAND 8. CO	BALTIMO	RE CRARL ond give township)
H-O	IUNE PIANTLAN	D 2122	9	D. STREET ADDRESS	(If rural, give location)	6 3 4 0 0
5. S EX	6. RACE	T AAABBIED	NEVER MARRIED	734 OELLA	9. AGE ()n years	If Under 1 Yr If Under 24 Hrs
MALE	WHITE	MARRI	ED (specify)	09 23 06	60	Months Doys Hours Min.
done during most of	f working life, even if retired) Work	W.J.Di		MARYLAND	oreign country)	U SA
BENJAM	IIN MILLER			RE INCOLLA		
5. Wos Decease Yes, no or unknow	d Ever in U. S. Armed For n) ()f yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO. 213-09-6163	ST AGNES HO	DSPITAL WIL	KENS AVE 21229
(This does heart failure injury or co	ASE OR CONDITION DIL LEADING TO DEATH not mean the made of , asthenio, etc. It means mptication which coused ANTECEDENT CAUSES OR CONDITIONS, if he obove couse (A) IG CONDITION tost.	dying, e.g., lhe diseose, deolh.)	(A) A C DUE TO	ute ivroni	ang Hinou	
TO THE	II NIFICANT CONDITIONS CO DEATH BUT NOT RELA R CONDITION CAUSING () OF OPERATION [198, CON	TED TO TH	E	20A. AUTOPSY? (Yes or	No. 208 IE vee ween	SINDINGS CONSIDERED
THE COLOR	WAS PER	FORMED	WHICH OPERATION	YES	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF y medical examiner	21 B hom etc.	ne, farm, foctory, street, o	or obout 21 C. WHERE DID fice bidg., INJURY OCCUR	(If in Baltimo	re City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED ILE AI Not While At Work	• 🗖	NJURY OCCUR?	
	y that (I) (this hospital		110 00000300 110111	GUST 9 1967 ond	19 67 to AUGU	JST 12 19 67
				few the body ofter deot		
23A. SIGNAT	URE	0 0	M.D			23B. DATE SIGNED
	J. Por	my,	M.D. Alte	s. Director	Stoff Phys.	
CAROL	ANS (Type) SU-	SAN	KORB 44	ST AGNES HOS	SPITAL WILK	KENS AVE 21229
24A. BURIAL CR	EMATION, 248. DATE (Specify)	24C. N	AME of CEMETERY OF CR	MATORY 24D	LOCATION (C	City, town, or county) (State)
Buri	al 8-15-		Good Shepherd		Ellicott Cit	
	D BY HEALTH DEPT.	258. NAME (OF REGISTRAR	SC. PONER ODING	47	ADDRESS
VC 100 BEV 1/1	AUG 1 6 196/	Check	2. Falleyna	Thiging othor	-Slack, Ellico	ott City, Md

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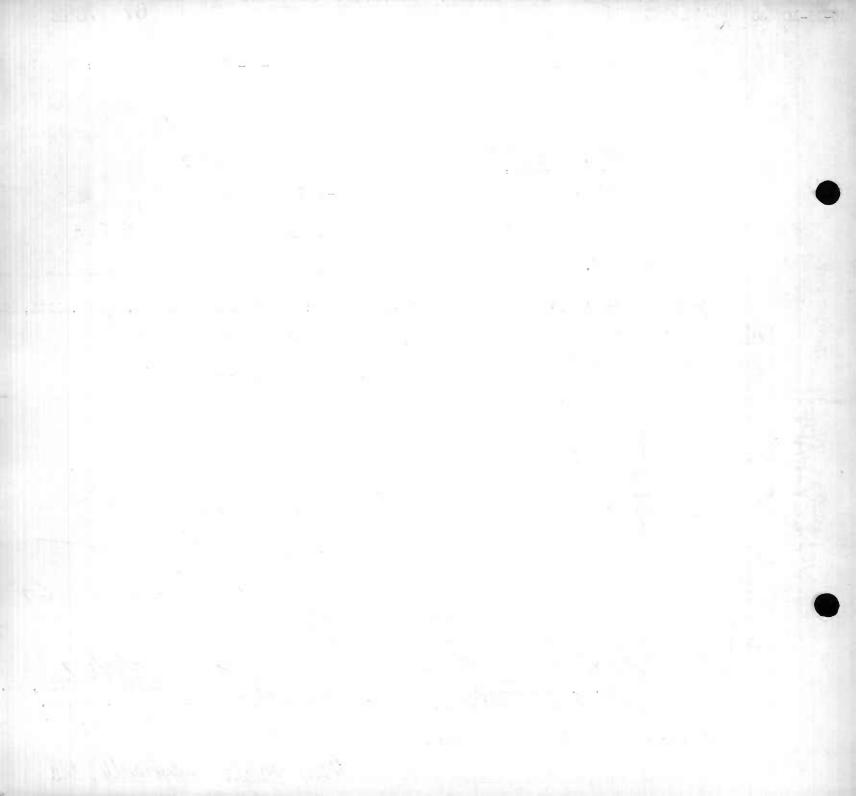
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[22] 10 15 [15] 12 [22] 12 [23] 12 [24] 12 [25]

1. NAME OF E	EUGENE PEACH		2. DATE AND HOUR 8-11-67	1:45 P
FULL NAM	E OF (If not in hospital oddress or locatio	or institution, give street	A. USUAL RESIDENCE (Where decease A. STATE B. COUNTY MARYLAND	d lived. If institution: residence before admission balks and similar write RURAL and give township)
INSTITUTION	BALT IMORE C	ITY HOSPITALS	WOODSTOCK D. STREET ADDRESS (If rurol, give	53-00
5 (5)	4940 EASTER BALTIMORE 2			1163
5. SEX MALE	6. RACE WHITE	WIDOWED, DIVORCED (specify) MARR JED	40	Months Doys Hours Min.
done during mos	GRAPHER Z	Printing	STRY 11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	WALTER J.		NORA YOUNG	
15. Was Decea (Yes, no or unknown)	sed Ever in U. S. Armed For	es of service) SECURITY NO.	17. INFORMANT	ADDRESS
Ves 18. DIS	EASE OR CONDITION DILLEADING TO DEATH		E OF DEATH	ASTERN AVE BALTO 21224, INTERVAL BETWEEN ONSET AND DEATH
heort foils	s nal mean the made of tre, osthenia, etc. If means complication which coused	dying, e.g., DUE TO s the disease, d death.)	mbyoral Cell Carcinon	۲۹ :
DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if	S (B) DUE TO		
	The above cause (A)	stating the (C)		
E TO THE	GNIFICANT CONDITIONS (DEATH BUT NOT RELA OR CONDITION CAUSING	ATED TO THE		
19A. DATE	MAS PER	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF IN CER.	
OR CONT	DENT WAS UNDERLYING CAUSE OF officer medical experimen	2/B. PLACE OF INJURY (e home, form, foctory, streetc.)	.g., in a droy! 21C. WHERE DID (I	f in Boltimore City, give exoct locotion)
21 D. TIME OF INJUR			While 21F. HOW DID INJURY OCC	U/?
(APPROX)	ify that (1) (this haspita	Work At V		10 8/11 1967
that (1) (we) last saw the decease	0/		(our) aplnian death accurred an the do
		ated abave. (i) (We) (did) (did no	at) view the bady after death.	
	ATURE OF THE	When M.D.	Allending Med. Stoff Phys. Director Phys.	238. DATE SIGNED
23A. \$IGN	1/100	111750		
23A. SIGN	CIAN'S DR W. ST.	an wison	23D. ADDRESS A.D. BALT DEFE CITY HOSPI	BALTIMORE 21224, TALS 4940 EASTERN AVE.
23A. SIGN 23C. PHYSI NAM	WSTAN	WILSON "	A.D. BAIT DORE CITY HOSPI	BALTIMORE 2122 PALS 4940 EASTERN AVE



IMPORT

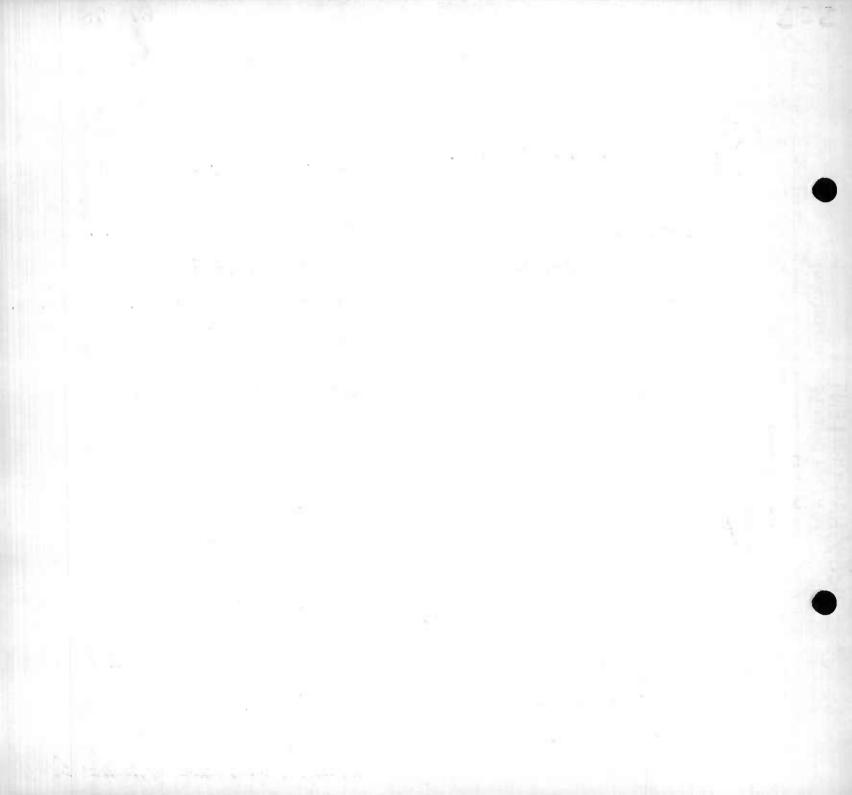
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

control 1 exam. 128 CHRITTH IT FIRST 2/24/05 62 DISABLE D ANIVA COOK. ROBERT EDMONDS PATTLENT I CORRET. BURTERHA PROBATIONA 72-48 FORTE PRESENTED APPEARING ASSESSED S Thorseis andwords The MUG 3, 67 THORNER ANDLESPEN



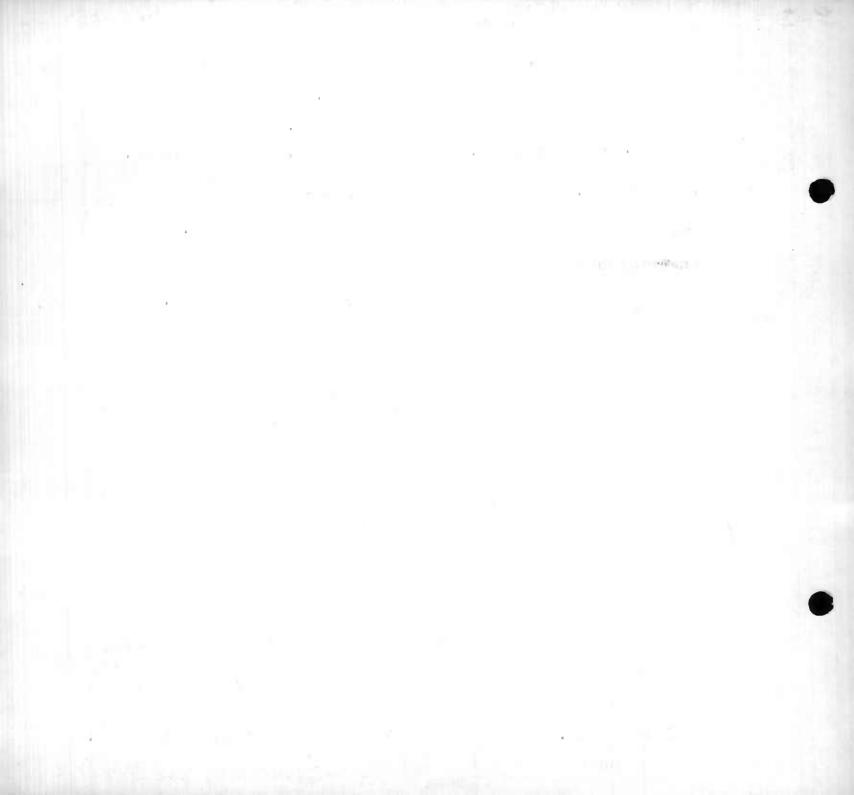
Such

	OF	BALTIMORE C	ITY HEALTH DEPARTMENT	67 7000
BIRTH NO.	01	7865 CERTIFIC	ATE OF DEATH Registered No.	7000
M.E. CASE NO. 1. NAME OF DECEASE	D		2. DATE AND HOUR OF DEATH	
Type or Print)	ROSIE E.	SMITH	AUGUST 12,1967	
PLACE OF DEATH	N BALTIMORE, MARY		4. USUAL RESIDENCE (Where deceased lived, If in	stitution: residence before admissio
			A. STATE B. COUNTY	
FULL NAME OF HOSPITAL OR	(If not in hospital or oddiess or location)	institution, give street	Md.	
INSTITUTION	oddiess of locollolly		C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
20			Balto.	10/0
834 N.F	ranklinto	wn Rd.	834 N. Franklintown	29
	- WILLIAM	112 1100		Ru.
Female 6. R	Col.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	May 10, 1887 9. AGE (In yeors lost birthdoy) 80	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
		OB. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of working	ig life, even if retired)		Mowlone Televil	WHAT COUNTRY?
OUSOWIFO			Taylors Island Md.	
Dan Thomps	son		Hester Smith	
. Was Deceased Ever	in U. S. Armed Force	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS Rd.
no	out Aire was or colles	SECURITI NO.	Evelyn Colemon 834 N.	
18. 44) 9	7.	CAUCE	OF DEATH	INTERVAL BETWEEN
/ × ~/	/		1 1 - 1	ONSET AND DEATH
	R CONDITION DIRE	CTLY	Muse and Tues lesson	0. 2.
		(A)	Myo cardial Lusu Arcen	19 2419
	ean the made of c enio, etc. It meons t			
injuty of complice	itian which coused o	leath.)	well Mized Holling Golo-aci	c IDust
ANTE	CEDENT CAUSES	(8) UU	vor allego III de coleyor	1 477
DISEASES OR	CONDITIONS, if an		marchino 1/0 + II.	1,
rise la lhe a	bave cause (A)		priceding Hear Lail	110 141
UNDERLYING CO	DITION last.		0	
7	II			
	NT CONDITIONS CO			
DISEASE OR CON	DITION CAUSING IT.			
19A. DATE OF OPE	RATION 198. COND	ITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTION	AS UNDERLYING	21 B. PLACE OF INJURY (e.g	g, in or about 21C, WHERE DID (If in Boltimore office bldg., INJURY OCCUR?	e City, give exact location)
DEATH (notify med		etc.)	300	
21D. TIME (Mo	nth) (Doy) (Yeor)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OL IMJORI		While At Not W		
(APPROX)		Work At W	ork U	
22. I certify that	(I) (this hospital)	attended the deceased fram	Dune 15 196/ 10 As	1445 12 1961
	saw the deceased	1 1 - 0 -	[7] [0] and that in(my) (aur) api	7
				mon death accurred an the a
	m the causes state	d above. (1) (We) (did) (did nat) view the bady after death.	
23A. SIGNATURE	11/1/	//		23 B. DATE SIGNED
11/0/0	USIN IV	(OFTY) M.D.	Attending Med. Stoff Phys. Director Phys.	0/16/6/
23 C. PHYSICIAN'S	11/1/	1	23D. ADDRESS	
MARIE (Type)	106 11/11	loans Son M.	0 127/ 1/ / snow	Street
1 VI XYC	NID VVI	10016	1)1/01001001	MILL
AA. BÜRIAL CREMAT	ON, 248. DATE	24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (C	ity, town, or county) (State)
Burial	Aug.17/	67 Lanes Chapel	. Taylors Isla	and Md.
SA. DATE REC'D BY	-	58. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
1	HIGT RIDGY	An a di Tana	an Miller Franch	a:am lakoude
-	ו ספו טגטטו	III Just C. Jakent	W VILLIAMS I XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1 31971. LUNGOUNG &

VS 150-REV. 1/1/65

REGISTRAR

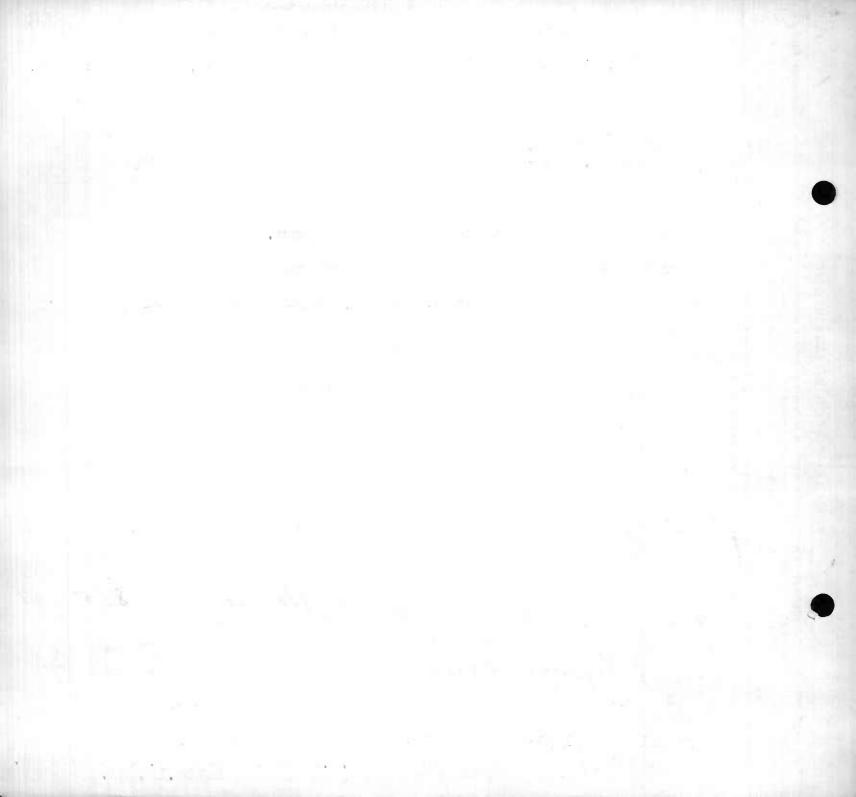
Burial Aug.17/67
25A. DATE REC'D BY HEALTH DEPT. 25B. N.
AUG.16 1967



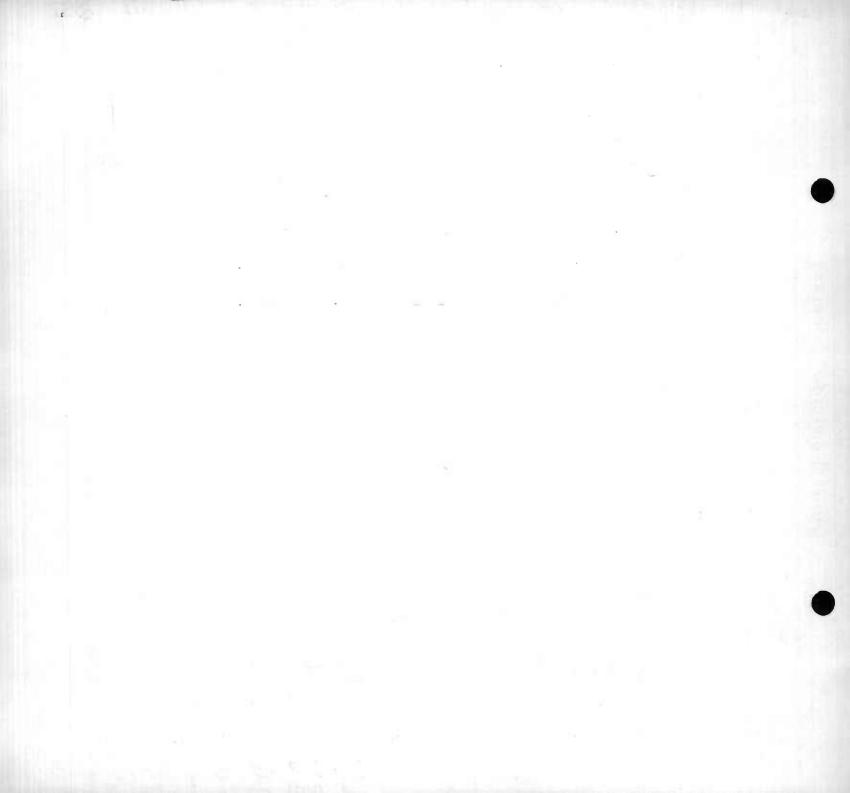
	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO. 67	7866 CERTIFICA	TE OF DEATH	Registered No	67 7866
M.E. CASE NO.			AND HOUR OF DEAT	u
(Type or Print)	7321 2 2 1 2			
(Type of Print) CONNERY, Miss Cla 3. PLACE OF DEATH IN BALTIMORE MARY	ra Elizabeth	HA HEHAL RESIDENCE (W	ugust 15,19	67 8:55 a. N
S. PEACE OF DEATH IN BALLIMORE, MARI	CARD	A. STATE B. COL	JNTY	institution; residence before damission)
FULL NAME OF ()f not in hospital or	institution, give street	Maryland		
HOSPITAL OR oddress or location) NSTITUTION		C. CITY OR TOWN (IF	outside city limits, write	e RURAL and give township)
JENKINS MEMORIAL	HOSPITAL	Baltimore		12-00
1 1000 S CATON AVE	Manager and Company of the Company o	D. STREET ADDRESS	If ruiol, give location)	
BALTIMORE, Md 212		3407 Univers	ity Place	21218
	. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
F white	widowed, divorced (specify) single	10/16/1883	lost birthdoy)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Registered Nurse	Maamadaaa	Mann		USA
13. FATHER'S NAME	Nursing	14. MOTHER'S MAIDEN N	AME	USA
Edmund Connery		Sarah Dinan		
5. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give wor or dotes	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	219 32 0741	M. Kohler-Med	ical Record	Rm-Jenkins Mem'l
DISEASE OR CONDITION DIRE	C=1 V	Ite wyorod	not in Souch	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of a heart failure, asthenia, etc. It means to injury at camplication which caused of	dying, e.g., DUE TO he disease, deoth.)	ite myocood ev-o sclovolač	6	
ANTECEDENT CAUSES	(B) /40	even sclavolic	roup as	'S Years
DISEASES OR CONDITIONS, if an	DOL 10			
uise to the above cause (A) support of the condition last.	slaling the (C)			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	ED TO THE			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFO U 21A. ACCIDENT WAS UNDERLYING	ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or		E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)
	(Hour) 21E. INJURY OCCURRED While At Not Whi	21F. HOW DID II	NJURY OCCUR?	
(APPROX)	While At Not Whi			
22. I certify that (I) (this hospital)	attended the deceased from	1 2/2	1963 to	8/15 19 67
that (1) (we) last saw the deceased			-	pinian death accurred an the dat
and haur and fram the causes state	d abave. (I) (We) (did) (did nat)	view the bady after death	1.	
23A. SIGNATURE	4 911 1			23B. DATE SIGNED

8/15/67 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS J.RAYMOND M.D. 1000 S Caton GLADUE Ave. Balto., Md 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Maryland 4905 York Rd 8/1 HEALTH DEPT. Baltimore

25C. FUNERAL DIRECTOR
H.W. Jenkins & Sons Burial New Cathedral 9 67 Sons C Balto. Co VS 150-REV. 1/1/65



BI R	TH NO.	67	78	5'7	TE OF DEATH	Registered Na		7867
	E. CASE NO.	EASED			2. DATE AF	ND HOUR OF DEATH	4	
	pe or Print)	Webster	K.	Cooper				
3.	PLACE OF DEA	TH IN BALTIMORE MAR	_	Cooper	4. USUAL RESIDENCE (Who	ust 13. 196	institution: reside	nce before admission
11						NTY		
	FULL NAME O		r institution,	, give street	Maryland			100
	INSTITUTION	oddress or location			C. CITY OR TOWN (If ou	itside city limits, write	RURAL gold give	e lownship)
					Baltimore		16	00
	00	3529 Gelston	Drive		D. STREET ADDRESS (If	rural, give location)	L	
		Baltimore, Ma	rylan	d 21229	3529 Gelsto	on Drive	2122	29
	SEX	6. RACE		D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Y	r. If Under 24 Hrs. s Hours Min.
N	fale	White	WIDOWI	Married (specify)	Sept. 29, 1900	lost birthdoys	Months Doy	s Hours Min.
102	. USUAL OCCI	JPATION (Give kind of work	OB. KIND C		11. BIRTHPLA CE (Stote or fore	ign country)	12. CITIZEN	OF
	ne during most of	working life, even if retired)					WHAT	COUNTRY?
	Plant Si		Che	emical	Maryland			
13.	FATHER'S NAM				14. MOTHER'S MAIDEN NA	ME		
	Augus	tus W.	Cooper	•	Leah	M. Krons	211	
15.	Wos Deceosed	Ever in U. S. Armed Forc	o s?	1 6. SOCIAL	17. INFORMANT			DRESS
(Ye	s, no or unknown	(If yes, give wor or dotes	of service)	SECURITY NO.				
	Yes	World War I	I	212-09-0597	Mrs. Euphemia	J. Cooper	same ad	ldress
П	18. / 5	3,81		CAUSE O	F DEATH			RVAL BETWEEN
		E OR CONDITION DIRE	CTLY	1	,	^ 4		ET AND DEATH
		LEADING TO DEATH		(A) Can	vinoma of	the Colon		
		of meon the mode of asthenia, etc. II meons		DUE TO h	rein one of s	1 noteri	7.4.5	
١		plicotion which caused		,	ger suga	1 marine	mare	
		ANTECEDENT CAUSES		(B)				
				DUE TO				
		R CONDITIONS, if a obove cause (A)						
		CONDITION last.		(0)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
		11						
Z O	OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTIN	1G	Management of the Control of the Con			
ATE	DISEASE OR	EATH BUT NOT RELATED	ED TO T	HE				
ERTIFIC ATION	19A. DATE OF	OPERATION 198. CONE	ITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or N			
RTIF	0	WAS PERF	DRMED		7ACU	IN CERTIFYING CA	AUSES OF DEAT	TH?
Ü	21 A. ACCIDE	T WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimo	re City, give exc	oct locotion)
AL	OR CONTRIBL	TING CAUSE OF medical examiner	ho	me, form, foctory, street, of	fice bldg., INJURY OCCUR?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
U								
601	OF INJURY	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21 F. HOW DID IN	IURY OCCUR?		
2	(APPROX.)			hile At Not While	e 🖳			
	20 1 11						Aur.	TISTE
	22. Certify	that (I) (this haspital)	attended	the deceased fram	- Chry	19 66 to	gange	rt (319 67
	that (1) (we)	last saw the deceased	l alive an	and	19.67 and th	nat in (my) (aur) ap	inion death ac	ccurred on the date
	and haur and	from the causes state	d abave	(I) (We) (did (did not) v	lew the body after death.			
	23A. SIGNATU		- (238. DATE SIG	GNED
		0 1	12	AA.D. Atte	ending Med.	Stoff	0/1	5/12
	0	June 17	(1)	Reh Phy		Phy s.	111	2/5/
	23 C. PHYSTCIA NAME (T	Abo)	1		23D. ADDRESS			/
		GEORGE	11 150	ek M.D.	6012 HARFO	PD KOAD		
24/	A. BURIAL CRE		24C. N	AME of CEMETERY OF CRE	MATORY 24D. L	70 11	City, town, or cou	unty) (Stote)
	Burial	8/17/67					1/4	
				Baltimore Nati	ional Cemetery	Baltimore,	Maryland	1
25/	A. DATE REC'D	BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	R		ADDRESS /
		AUG 1 6 1967	12 0 2 B	- Q Jo Olus	Wn 107 1	me. L	Sono -	month 200
VS	150-REV. 1/1/6		Howard .		ving lave			- we fire



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

3-425 GD DRGR BALTIMORE CITY		67 7868
CERTIFICA	ATE OF DEATH Registered No.	07. 7000
1.NAME OF DECEASED (Type or Print)		
	4. USUAL RESIDENCE (Where deceased lived, II in	
FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	Md. Baltimore	RURAL and give township)
42 Sinai Hospital	D. STREET ADDRESS (If rurol, give locotion)	
The Part of Manne Coldman A USUAL SESSION OF THE PART		
remale W Married Widowsto, DIVORCED (specify)	About 72 lost birthdoy) 72.	Months Doys Hours Min.
	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
	P	
		U.S.
Unknown	Unknown	
Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
212-22-3280		
7 4 4 1		ONSET AND DEATH
LEADING TO DEATH	monoum embalish	1 clan
(This does not mean the mode of dying, e.g., DUE TO		Co
injury or complication which caused death.)	Ciniale ot:	Jeneral (
ANTECEDENT CAUSES	of tollic (cardio	4 204)
DISEASES OR CONDITIONS, if ony, giving	asurle diseagl	
rise to the above cause (A) stoling the (C)		
UNDERLYING CONDITION last.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OC ACCIDENT WAS UNDERLYING	the date where pin	61
OR CONTRIBUTING CAUSE OF home, form, loctory, street, of DEATH Inotify medical examiner)	office bldg., INJURY OCCUR?	e City, give exact location)
21D. TIME Month) Doy) Year) (Hour) 21E. INJURY OCCURRED		
		1
22. I certify that (1) (this haspital) attended the deceased from	1966 to K	tug/4 1065
	, , ,	inlan death accurred an the de
and have and from the causes stated above (1) (We) (did) (did nat)	view the bady after death.	
23A. SIGNATURE		23B. DATE SIGNED
	tending Med. Stoll Phys.	3/15/67
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	1 to 12.1
24A. BURIAL CREMATION, 124B. DATE 124C. NAME OF CEMETERY OF CE	31014/10014	ity, town, or county) (State)
REMOVAL (Specify)		
SA. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAS	25C. FUNERAL DIRECTOR	ADDRESS*
ALIE ID IUS / /ID // // U JEAT I ME		P. Baltimore Ma
	Pours THE TYTOU WILDA	L'. Baltimere Ma

VS 150-REV. 1/1/65

January Contract of the Assessment of the Assess Stymont . Palm Sones Complete Many 100 Mary

67 7869 BALTIMORE CITY HEALTH DEPARTMENT

.000				() they	1000
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.67	786

ROZIEA O. BROWN LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND) Maryland General Hospital EX (6. RACE MIDOWED, DIVORCED(specify) Widowed Widowed April 14	yland (II outside corporote limits, timore SS (II rurol, give locotion) 1 Maryland Aven 9. AGE (In plost bibliograph)	967 If institution: residence county , write RURAL on	
LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maryland General Hospital EX	yland (II outside corporote limits, timore SS (II rurol, give locotion) 1 Maryland Avei 19. AGE (In ylost bighted)	If institution: residence county write RURAL or	dence belore admission
L NAME OF ADDRESS OR LOCATION) Maryland General Hospital Ex 6. RACE WIDOWED, DIVORCED(specify) Male White Widowed April 14	yland N (II outside corporote limits, timore SS (II rurol, give locotion) 1 Maryland Avei 19. AGE (In ylost bightely) 10st bightely	write RURAL o	
Address or Location) Maryland General Hospital Ex. 6. race 7. Married, Never Married Widowed Widowed April 14	N (II outside corporote limits, timore SS (II rurol, give locosion) 1 Maryland Avei 9. AGE (In ylost bishcoy)	nue	nd give township)
Maryland General Hospital EX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH WIDOWED, DIVORCED (specify) April 14	timore SS (II rurel, give locotion) 1 Maryland Aver 9. AGE (In ylost bishedoy)	nue	2-06
Maryland General Hospital D. STREET ADDRE 220 EX	SS (II rurol, give locotion) 1 Maryland Aver		
Maryland General Hospital 220 EX	1 Maryland Aver		
EX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH WIDOWED, DIVORCED (specify) April 14	9. AGE (In y lost bishdoy)		
Male White Widowed April 14		reors in Under	1 Yr. If Under 24 Hrs
widowed April 14		71 Months	Doys Hours Min.
USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (ST	tate or foreign country)	12. CITIZ	
eduring most of working life, even if retired)		WHA	T COUNTRY?
R.R. Conductor Ral Road Alexandri	DEN NAME		
?			
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT		ADDRESS	,
, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	111 0050 **	o1 1	0. 1. 1/
Yes W.W. T. 212-14-2601 Wm. J. Wi	11iams 2850 N.	Charles	St. Apt. 14
= 40014			ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH M.11+in10 +rou	matic injuries		
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	matte injuries		
injury or complication which coused death.			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO			
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A, AUTOPSY?	(Yes or Nol 208, IF YES, WE		
WAS PERFORMED Yes	IN CERTIFYING	CAUSES OF DE	ATH?
21A. EXTERNAL, CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WE	HERE DID (II in Boltimore C		ocotion)
IITING CALLER OF BEARING	01 Maryland Ave	nue	12-06
	W DID INJURY OCCUR?		
OF INJURY	ll down stair w	7e.11	
22			
	that an this basis, death	in my apinia	n
resulted fram: Natural causes Accident X Suicide Hamicid	e Undetermined r	manner	
	DICAL EXAMINER		DATE SIGNED
SIGNATURE CLASSISTANT ME	DICAL EXAMINER X		DATE STORES
	DICAL EXAMINER	A11011	at 12 1067
Name (Type)	222 105:301		st 12, 1967
BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY	23D. LOCATION	(City, town, or	county) (Stote)
Burial 8/16/67 Baltimore National Cem.			
. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24C. FUNERAL		-	ADDRESS
AUG 1 6 1967 R. O. B. E. Farleyna Wm. C	Cook-Brooks, In	c. 1217	St. Paul St.
151-REV. 1/1/65	* *		

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	01	יסרי ר	BALTIMORE CITY	HEALTH DEPARTMENT	NT	OF HOHO
BIRTH NO.		7 78	CERTIFICA	TE OF DEAT	H Registered No	. 6/ /8/0
M.E. CASE NO.					TE AND HOUR OF DEAT	TH .
(Type or Print)		ONADD				74.
3. PLACE OF D	MARIE F. LE			14. USHAL RESIDENCE	g. 15, 1967 (Where deceased lived, If	finstitution: residence before admission
				A. STATE B.	COUNTY	
FULL NAME HOSPITAL O	R address or location		give street	Maryland	If outside city limits write	te AURAL and give town hip)
INSTITUTION						e lock and and low light
HX.	1 1 0		14.1	Baltimor D. STREET ADDRESS	(If rurol, give location)	11-01
10	Maryla n d Gener	cal Hosp	itai			
5. SEX	6. RACE	To AAA BRIED	NIPLIPR AAARRIER		Calvert St.	
2. SEX	O. KACE		D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Female	Caucasian	Wido		March 27, 1	879 88	
	CUPATION (Give kind of wor of working life, even if retired)	k 108. KIND OI	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or fareign country)	12. CITIZEN OF WHAT COUNTRY?
	ing woman			Charlesto	n. S. C.	U.S.A.
13. FATHER'S N	0			14. MOTHER'S MAIDE		0.5.11.
	n Dolan			Eliza	beth Keegan	
15. Was Deceas (Yes, no or unkno	ed Ever in U. S. Armed Fo wn) (If yes, give wor or dot	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			218-56-0291	Mrs. Lille L	E May 1215 N.	Cqlvert St. Balto.
18.	0.11		CAUSE O		D nay 1215 No	INTERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY	40.	. /	100	ONSET AND DEATH
0.52	LEADING TO DEATH	NEG IEI	1119	YOCARDI	AL INFARC	Tical SUDDEN
	not mean the mode of		DUE TO 7	f		
	e, osthenia, etc. It meon: amplication which caused		A	and a color		5
	ANTECEDENT CAUSE		(B) AN	17-110-24ER	OFIC CARDIO	,
DIST A SEC			DUE TO	MASCULAR	DISEASE	
	OR CONDITIONS, if the above couse (A)		(C)			
	NG CONDITION lost.	stating the	(6)	************************************		
	- 11					
OTHER SIG	NIFICANT CONDITIONS					
TO THE	DEATH BUT NOT REL		IE			
-	OF OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 20B. IF YES, WER	RE FINDINGS CONSIDERED
E	WAS PEI	REDRAED			IN CERTIFYING	CAUSES OF DEATH?
U 21 A. ACCIE	ENT WAS UNDERLYING	218	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE I	DID (If in Boltim	nore City, give exact lacotion)
DEATH (not	IBUTING CAUSE OF Lify medical examiner	hon etc.	ne, farm, foctory, street, o	flice bldg., INJURY OCC	U R?	
0 21 D. TIME	(Month) (Doy) (Year)	(11) 01.5	. INJURY OCCURRED	215 11011 51		
F OF INJURY	(Manin) (Doy) (Teon				D INJURY OCCUR?	
(APPROX.)		Wo	nite At Not White	re		
22. I certi	fy that (1) (this hospita	I) attended t	he deceased from	8/14	1967 to	8/15 1967
	e) last saw the deceas		price	1967 .		pinian death accurred an the da
						printed death accurred an the da
	ind fram the causes sta	ited above. (l) (We) (did) (did nat) v	view the body after d	eath.	
23A. SIGNA	TURE	VBI		. /		23B, DATE SIGNED
	Ireph	8196	M.D. Att	ending Med. Director	Stoff Phys.	8/16/67
23 C. PHYSIC	IAN'S			23 D. ADDRESS		
			M.D.	1000	- 6 Calves	2 m
	Jos. S. Blum REMATION, 248. DATE	DAC N	AME of CEMETERY of CR	EM ATORY 1º	24D. LOCATION	(City, town, or county) (State)
REMOVAL	(Specify)					
Burial	8/18/6	/ St	 Lawrence Cen 	n•	Charleston, S	.C.
25A. DATE REC	D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIR		ADDRESS
	AUG T 0 1901	O Long	E, Jakery	Wir. Cook-	Brooks, Inc.	1217 St. Paul St.
VS 150-REV. 1/	1/65					

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IMPORTANT

FUNERAL DIRECTOR:

49-92-81 TN

520 6	7 78	BALTIMORE CITY	HEALTH DEPARTMENT	Registered No	37 7871
CEASED	1	VISE	2. DATE ANI	HOUR OF DEATH	H
ATH IN BALTIMORE, MA	or institution,	give street	4. USUAL RESIDENCE (Where A. STATE B. COUN'S VIRGINIA	e deceosed lived. If	institution: residence before admission)
BALTIMORE C	ITY HOS		NEWPORT NEWS		e RURAL and give tawnship)
• • •					
6. RACE WHITE	7. MARRIED. WIDOWEI	NEVER MARRIED D. DIVORCED (specify) WED	10 KM 91	ost birthdoy) 75	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
	10B. KIND OI	BUSINESS OR INDUSTRY	MARYLAND	gn country)	12, CITIZEN OF WHAT COUNTRY?
	LLIAMSC		14. MOTHERS MAIDEN NAM	AE	
		SECURITY NO.	17. INFORMANT BCH: RECORDS 49	940 EASTERI	ADDRESS N AVENUE 21224
1 × 1			DEATH		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES OR CONDITIONS, if the abave cause (A) G CONDITION last. II HISTORY DEATH BUT NOT REL.	any, giving slaling the CONTRIBUTINATED TO TH	(C)			
		WHICH OPERATION	20A. AUTOPSY? (Yes or No.		E FINDINGS CONSIDERED CAUSES OF DEATH?
UTING CAUSE OF	hon	ne, form, factory, street, of	or about 21 C. WHERE DID INJURY OCCUR?	(If in Boltim	ore City, give exact location)
(Month) (Doy) (Year)	WH	ile At Nat While		JRY OCCUR?	
lost saw the deceos	ed olive an	13 AUGUST	1967 and the		pinion death accurred an the date
Type)	Hicks	Phy	s. Oirector	Shoff Phys RN AVENUE	14 AUGUST 1967
DR. RUSSEL	L D. HI	iks M.D.			
DR. RUSSEL		AME of CEMETERY OF CRE	BALTIMORE,	MARYLAND 2	21224 (City, town, or caunty) (State)
DR. RUSSEL	24C. N	AME of CEMETERY OF CRE	BALTIMORE,	MARYLAND 2	(City, town, or caunty) (State)
	ATT IN BALTIMORE, MA OF (If nat in hospitol address or locotian BALTIMORE COMPATION (Give kind of working life, even if refired) ME OF (If nat in hospitol address or locotian BALTIMORE COMPATION (Give kind of working life, even if refired) ME OF (If nat in hospitol BALTIMORE COMPATION (Give kind of working life, even if refired) ME OR CONDITION DI LEADING TO DEATH nal mean the made of (asthenia, etc. Il means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) (If CONDITION (AUSING CONDITION CAUSING CONDITION CAUSING FOPERATION 198. COMPATION (Mass PER CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING (Month) (Doy) (Year) OF OPERATION 198. COMPASS PER CONDITION (Doy) (Year) OF OPERATION 198. COMPASS PER CONDITION CAUSING CAUSE OF (Month) (Doy) (Year) OF OPERATION 198. COMPASS PER CONDITION CAUSING CAUSE OF (Month) (Doy) (Year) OF OPERATION 198. COMPASS PER CONDITION CAUSING CAUSE OF (Month) (Doy) (Year) OF OPERATION 198. COMPASS PER CONDITION CAUSING CAUSE OF (Month) (Doy) (Year) OF OPERATION 198. COMPASS PER CONDITION CAUSING CAUSE OF (Month) (Doy) (Year) OF OPERATION 198. COMPASS PER CONDITION CAUSING CAUSE OF (Month) (Doy) (Year) OF OPERATION 198. COMPASS PER CONDITION CAUSING CAUSE OF (Month) (Doy) (Year)	ANTECEDENT CAUSES OR CONDITIONS, if any, giving asthenia, etc. Il means the disease, mplication which caused death.) ANTECEDENT CAUSES OR CONDITIONS, if any, giving the disease (A) stating the CONDITION last. Illificant conditions contributed to the condition caused death.) ANTECEDENT CAUSES OR CONDITION last. Illificant conditions contribution for the condition caused death.) ANTECEDENT CAUSES OR CONDITION last. Illificant conditions contribution for the condition caused death.) ANTECEDENT CAUSES OR CONDITION last. Illificant conditions contribution for the condition caused death.) Illificant conditions contribution for the condition caused death. Illificant conditions contribution for the condition of the condition for the condition of the condition for the c	CEASED THOMAS COUISE ATH IN BALTIMORE, MARYLAND OF (If not in hospitol or institution, give sheet address or locolion) BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE BALTIMORE, MARYLAND 21224 [6. RACE WIDOWED, DIVORCED (specify) WIDOWED UPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY I working life, even if refired) ME HARVEY WILLIAM Scheckells d Ever in U. S. Armed Forces? LEADING TO DEATH Intelligible of the disease, mplication which caused death.) ANTECEDENT CAUSES OR CONDITIONS, if any, giving he abave cause (A) staling the GONDITION last. IIIIIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE CONDITION CAUSING IT. FOPERATION 198 COMBITION FOR WHICH OPERATION WAS PERFORMED ENT WAS UNDERLYING WAS PERFORMED ENT WAS UNDERLYING WHICH OPERATION WAS PERFORMED AT 10 10 10 10 10 10 10 10 10 10 10 10 10	ATH IN BALTIMORE, MARYLAND OF (If not in hospitel or institution, give sheet address or tockhom) BALTIMORE CITY KOSPITALS 4. USUAL RESIDENCE (When A. STATE B. COUNTING) BALTIMORE CITY KOSPITALS 4. USUAL RESIDENCE (When A. STATE B. COUNTING) C. CITY OR TOWN (If out NEWDORT) NEWS D. STREET ADDRESS (III TO THE CITY WORD TO BE ALL TIMORE) D. STREET ADDRESS (III TO THE CITY WORD TO BE ALL TIMORE) D. STREET ADDRESS (III TO THE CITY WORD TO BE ALL TIMORE) LEPATION (Give kind of work) WHITE WILLIAM Scheckells ANNA? 10. STREET ADDRESS (III TO THE CITY WORD TO BE ALL TIMORE) LEPATION (Give kind of work) WILLIAM Scheckells ANNA? 11. BIRTHPLACE (Stote or foreit MARYLAND) 12. INFORMANT BCH: REGORDS 4. ANNA? 14. MOTHER'S MAIDEN NAM ANNA? 15. INFORMANT BCH: REGORDS 4. ANNA? 16. SOCIAL SECURITY NO. 226-10-2174 CAUSE OF DEATH 18. COUNTING DIRECTLY LEADING TO DEATH 19. CONDITIONS, if any, giving the above cause (A) stoling the GOONDITION Isst. OR CONDITIONS (A) Stoling the GOONDITION SCONTRIBUTING DEATH BUT NOT RELATED TO THE CONDITION CAUSING IT. OF OFERATION WAS PERFORMED WIND CAUSE OF DEATH 10. STREET ADDRESS (III TO THE CONDITION SCONTRIBUTING DEATH BUT NOT RELATED TO THE CONDITION CAUSING IT. OF OFERATION WAS PERFORMED WHO WE AND THE CONDITION FOR WHICH OPERATION WAS PERFORMED WHO WE AND THE COUNTING DEATH COLOR TO THE CONDITION CAUSING IT. OF OFERATION WAS PERFORMED While AT WAS UNDERLYING DEATH COLOR TO THE CO	THOMAS COUSE ATH IN BALTIMORE, MARILAND OF Ill roal in hospiel or institution, give sheet sides in locision institution in locision institution, give sheet sides in locision in locisio

2 25.15.

INTERNAL MONGOUSE 2 (95)

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DIRECTOR:

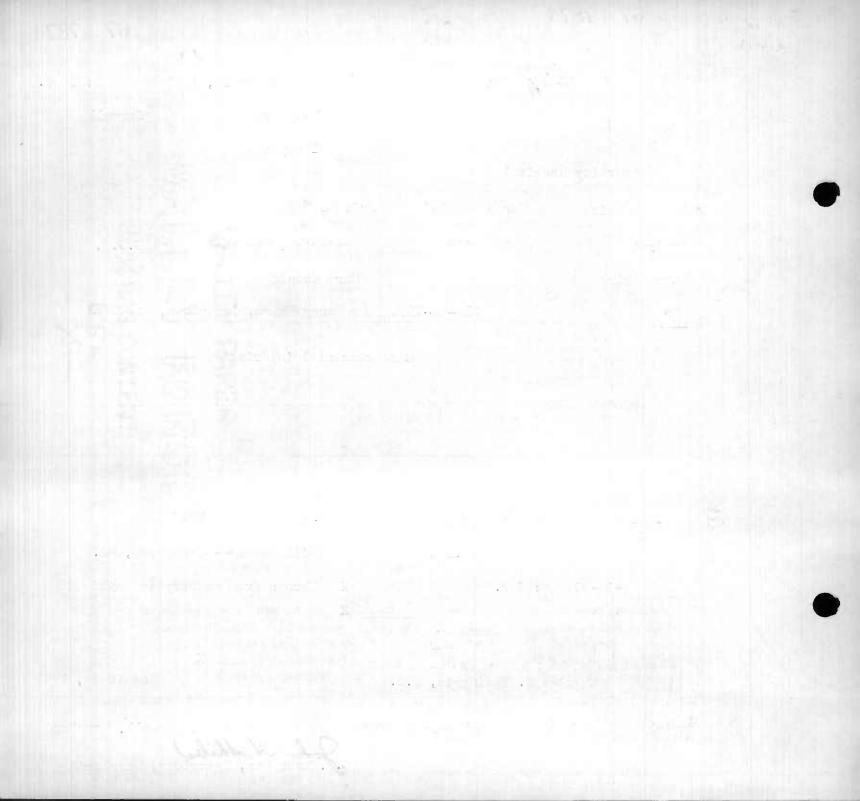
FUNERAL



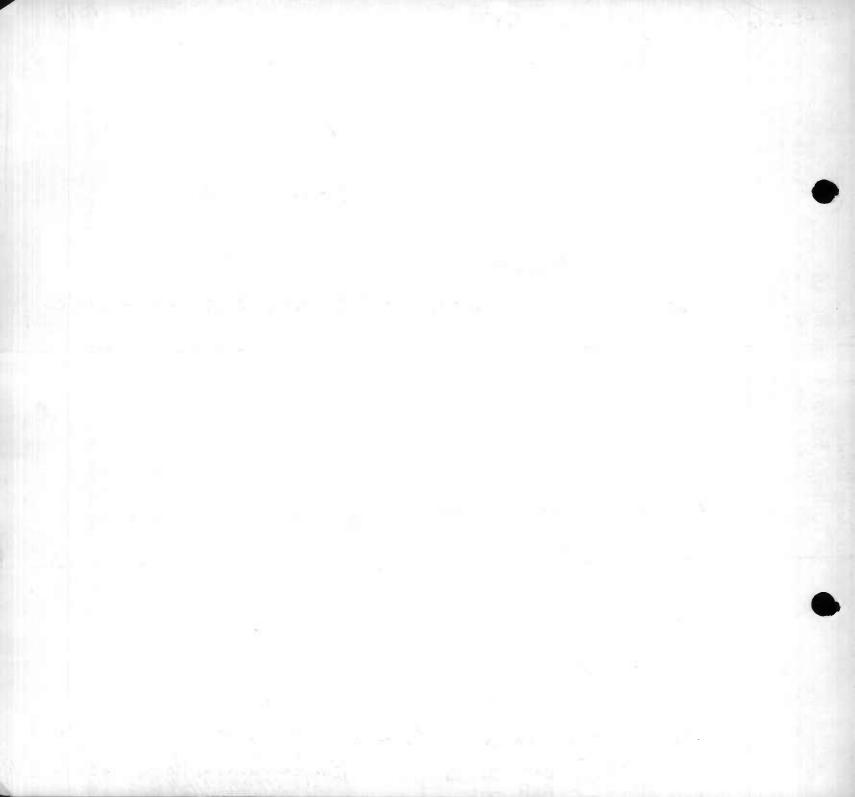
		67	7873 BALTIMORE	CITY HEALTH DEPART	MENT Parishard Na	פריסניו דיים
115	RTH NO. .E. CASE NO.	07	7873 CERTIFI	CATE OF DEA	ATH Registered No.	0/ /8/3
	Pe or Print)	1	0.00	2.	8 13 67 - 11:40	
3.		ANNIE G. L	RYLAND	4. USUAL RESIDE	NCE (Where deceased lived, If in	nstitution: residence before admission)
				A. STATE	BALTIMORE	
	FULL NAME HOSPITAL OR	oddress or locotron	or institution, give street		V (If outside city limits, write	RURAL and give township
r	C)	ERSITY HOS	0.	BALTIA	MORE	16-07
(apio	sissify mos	PITAL	D. STREET ADDRE		
5.	SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	F	N	WIDOWED, DIVORCED (specification)	9-20-1	1889 lost binhday 77	Months Doys Hours Min.
		CUPATION (Give kind of work f working life, even if retired)	10B, KIND OF BUSINESS OR IND		tote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	House			VIRGIN) (A	U.S.A.
	FATHER'S NA			14. MOTHER'S MA		
	EDWARD			MIDNIE	DAUENPORT	
		d Ever in U. S. Armed Form (If yes, give wor or dote		17. INFORMANT	final and	2 09 1111 Languelle
-	18/ /	Y	CAU	SE OF DEATH	gescom	INTERVAL BETWEEN
	DISEA	SE OR CONDITION DIR	RECTLY	0		ONSET AND DEATH
	(This does	LEADING TO DEATH	(A) (HRONIC KE	NAC DISEASE	
	heoil failuie	not mean the mode of , osthenio, etc. It means mplication which caused	the disease,	0		
	Injuty of co	ANTECEDENT CAUSES	(B)	SASTRIC (ALCINOMA	ς.
	DISEASES	OR CONDITIONS, if	DUE TO			
	rise to th	ne above couse (A)		GEU. ASVD.	000 000 000 000 000 000 000 000 000 00	•••••••••••••••••••••••••••••••••••••••
	01121111	II				
ACITA	OTHER SIGN	NIFICANT CONDITIONS COEATH BUT NOT RELA	TED TO THE			
1713	19A. DATE O	F OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY?	IYes or No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
COTICIO	0	WAS PERI		NO		
7 147	DEATH Inotif	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner	21B. PLACE OF INJURY home, form, foctory, site etc.)	le.g., in or obout 21C. WHE eet, office bldg., INJURY O	RE DID III in Boltimore	e City, give exact location)
AAEDI	21 D. TIME	(Month) (Doy) (Year)	(Hour 21E INJURY OCCURRE	21F. HOW	DID INJURY OCCUR?	
A	(APPROX)			While Work		
) attended the deceased from		19 67 to	8/13 19 67
	that (I) (we) lost sow the decease	d olive on 8 13 - 10:4	S A.M. 19 67	ond that in (m) (our) opi	inion deoth occurred on the dote
			ed obove. (1) (We) (did) (did i			
(23A. SIGNAT	URE A	, , ,			23B. DATE SIGNED
-		cea I chos	rede M.D.	Phys. Dire		8(13/67
	PHYSICE NAME (AN'S Type)		23D. ADDRESS	P	0000
	A BUB! 65	P	love Nave	M.D. UNIU, HO	STITIE, SIET	more
4	A. BURIAL CR	EMATION, 24B. DATE	24C. NAME of CEMETERY	CREMATORY L	24D. LOCATION CC	ity, lown, or county) (Stole)
25	A. DATE REC'I	ual 8-16-	67 Crass Ros	& Baflist	Houly Has	ADDRESS
23	A. DATE RECT	AUG 1 6 1967	Robert E. Falley	Ul /try/is	ald 2 /4/10	1217171 W/ B 141
V 9	150-REV. 1/1/	/65	Linguis D. Jensey	went	La Shit will	- 1 all Noune

- 4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1	OF
	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No	0

BIRT	H NO.	MED		CAMINER'S C			EATH Register	ed No.6	7 78	374
_	CASE NO.					T	$\longrightarrow \bigwedge$			
Typ	NAME OF DEC	ALLEN	rnon SHIR	K			t 12, 1967	D DEAD	5:36	P .M.
3. P	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESID		eceased lived. If instit	tution: resid	ence befare a	dmi s sian)
FUL HO	L NAME OF	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Ma	aryland VN (If outside	corparate limits, write	Car	1000	
	-0					aneytown		-	56-6	14
(38 vi	niversity Hos	pital		D. STREET ADDI	3 Mill A				
5. S	male	6. RACE White	WIDO WED,	NEVER MARRIED DIVORCED (specify) married	July 2,		9. AGE (In years last birthday)	If Under Manths	1 Yr, If Under Days Hours	24 Hrs. Min.
			108. KIND O	F BUSINESS OR INDUSTRY	11. SIRTHPLACE	State or foreign	country)	12. CITIZE	N OF T COUNTRY?	
ione	Studer	warking life, even if retired) nt.	Unive	rsitv	Freder	ick, Mar	wland	U.S		
3. F	ATHER'S NAN		011240	1010,	14. MOTHER'S M	AIDEN NAME	y accepted	1000		
	Нати	Shirk			Mary Ko	onte				
	WAS DECEASE	D EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	001102		ADDRESS		
Yes		(If yes, give wor or dote	s of service)	219-42-1350	Man /II canno	- Chiale	Monardown	Mo	lond	
_	No					onirk,	Taneytown,	Mary		
	E80	x 4, T		CAUSE	OF DEATH				ONSET AND	
	DISEA	SE OR CONDITION DI	RECTLY	0	1	1				
	(This does	LEADING TO DEATH		(A)	brocrania	ıınjurı	es			
-	heart tailure	, osthenia, etc. It meons	the discose,	DUE TO						
	injury or complication which caused deoth.)									
	ANTECEDENT CAUSES (R)									
-	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE									***************************************
	UNDERLYING CONDITION LAST.									
Z O				(C)					***************	***********
F	OTHER SIG	II	CONTRIBUTION	NC						
CERTIFICATION	TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO		000-0000		· · · · · · · · · · · · · · · · · · ·		600==0=0=======00=====	
ERT	19A. DATE OF			WHICH OPERATION	20 A. AUTOPSY		OB. IF YES, WERE FIN			
	8-1	0-67 WAS PER	lead in	uries	Ye	s "	N CERTIFYING CAUS	ES OF DE	AIHI	
Y	21 A. EXTERNA	OR CONTRIB-	21 B.	PLACE OF INJURY (e.g.,	in or about 21C. V	VHERE DID (II	in Baltimare City, giv	e exact lo	cotion)	
EDICA	UNDERLYING POR CONTRIB- UTING CAUSE OF DEATH. hame, farm, factory, street, affice bldg, INJURY OCCUR? street Mill Avenue - Tan								Md. ()	- no
5	21 D TIME	(Adapth) (Day) (Yes	r) (Haur)	21E, INJURY OCCURRED		ITT TIVEL	_	-OWII,	110.	1 - 0 0
	OF INJURY								(Driver)	
	22. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion									
	resu	Ited from: Notural co	uses	Accident X Suicid	e Homici	de U	ndetermined monne	er 🗌		
	CALL CHIEF MEDICAL EXAMINER									
	ACTUAL SIGNATURE LINES DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER X									
	EXAMIN NAME (NER'S Charles	S. Spi	ingate, M.D.	ASSOCIATE M	EDICAL EX	AMINER	Augus	st 13, 1	.967
	BURIAL CRE	MATION, 23B. DATE	23	C. NAME OF CEMETERY	OF CREMATORY	23D. LO	CATION (City,	town, or o	county) (State)
244	Burial	8/16/6 BY HEALTH DEPT.	7 248. NAME	Lutheran Ceme		Tan	eytown, Car	roll,	Maryla DDRESS	nd
		AUG 16 1967	000	E. Farbuna	CAR	has It.	Skiles)	Mov	yland	
1/5	161 PEV 1/1	AUG LU IJUI	MANUEL		0.00	2000	Taneytown	To MICH	ATGIIG.	



و <u>.</u> 3	PLACE OF DEATH IN BAI	EWIS P.	4. U!	SUAL RESIDENCE (Where	8/12/67 deceosed lived. If insti	7150
rendance to deat		ot in hospitol or institution, givess or location)	ve street	MQ.	de city limits, write RU	RAL ond give township
rior	VNIVERSO	y of markers		TREET ADDRESS (If ru 8418 PAR.		94=
= 0 0	SEX 6. RACE	7. MARRIED, N		TE OF BIRTH 9.		If Under 1 Yr. If Un Months Doys Hours
- DO d	one during most of working life,	even if retired)	STRIBUTING CO	IRYHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
was the spos	SMLES, MGA B. FATHERS NAME THOMPS =	Hunter	14. M	MOTHERS MAIDEN NAM	011	
death ince on final d	6. Wos Deceosed Ever in U. es,no, or unknown) (If yes, gi	ve wor or dotes of service)		IFORMANT	T Hunts-	ADDRESS
o de d		 NDITION DIRECTLY	CAUSE OF DEA	ATH PTURE OF	V. HUVIRE	INTERVAL BET
r att	(This does not meon hearl foilure, aslhenia,	TO DEATH The mode of dying, e.g., elc. It means the diseose,	(A) IN TRI	CRANIAL /	PHEURISM TERNAL CHAOTI	8/10/6
3 5		NT CAUSES	(B)		CMAOTI	0
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the (C) UNDERLYING CONDITION tost.						
physicia an was remain	OTHER SIGNIFICANT CO TO THE DEATH BU DISEASE OR CONDITION	II DINDITIONS CONTRIBUTING T NOT RELATED TO THE N CAUSING IT.				
sici the	8/10/67	WAS PERFORMED	MENRY S mg	A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	SES OF DEATH?
No Per	OR CONTRIBUTING C DEATH (notify medical ex	AUSE OF home,	LACE OF INJURY (e.g., in or ob form, foctory, street, office blo	dg., INJURY OCCUR?	(If in Baltimore (City, give exact location
d (6)	21D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Yeor) (Hour) 21 E. I White Work	At Not While At Work	21F. HOW DID INJU		
(ex g an e obt		his hospital) attended the	P/12/67	19 and that	ta //	on death accurred a
spital eath) ust b	and hour and from the	causes stated above.	(We) (did not) view to	he bady ofter deoth.		23B. DATE SIGNED
SPE	Friday	Sugar	M.D. Attending Phys.	Med, S Director P	toff hy s.	F/12/6-
무우금	23C. PHYSICIAN'S	1/				
A at a h prior to pproval	NAME (Type) FR	ED N. SUGA	M.D. M.D.	ORY 24D. LO	CATION CON	town, or county)



M.E	RTH NO. LE CASE NO. 67 7876 CERTIFICATE OF DEATH Registered No. 67 7876								
1. N	AME OF DECE	ASED			2. DATE AND HOUR OF DEATH				
тур	H	ARRISON, EDG	AR	Т.	8-	15/67		3:06	PM
3. P	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WA. STATE B. CO	here deceesed lived.	If institutio	n: residence before	edmission)
H	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress er locetion)				Maryland C. CITY OR TOWN (If outside city limits, write RURAM and give township)				
11	S	aint Agnes H	Hospital		Baltimore D. STREET ADDRESS (If rurel, give locetien) 3235 Rosalie Rd. v XXX 21227				
,		aton & Wilke							
4	-0			2129					
. 51	EX	6. RACE	7. MARRIED,	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In yeers	If U	nder 1 Yr. If Ur ths Doys Hours	der 24 His.
	Male	white		ried	10/18-1911	lest birthdeys	141011	ins Doys Moons	1
	A. USUAL OCCUPATION (Give kind of werk 10B. KI			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or I	oreign ceuntry)		CITIZEN OF	
one	ne during mest of working life, even if retired) Rigger Md. Di			Davidoole	Virginia			U.S.A.	
3. 1	ATHERS NAM	VE.	Tid. I	Drydock	Virginia 14. MOTHERS MAIDEN NAME			U.S.A.	
-			307						
		os. Harriso				beth Young			
5. V	no or unknown)	Ever in U. S. Armed For (If yes, give wor er dote	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	No			224-14-8589	Mrs. Sara M.	Harrison,	3235 F	Rosalie Ro	1. 2122
	1B. 49/	XY 322.1	1	CAUSE				INTERVAL BET	TWEEN
		E OR CONDITION DIE		Dece	ala Duamania			41-	
		of mean the mode of		(A) Droi	ncho- Pneumonia			1 week	
- (heart failure, c	asthenia, etc. It meons	s the diseose,	00110					
	injury or camp	plicotion which coused	death.)						
				Chi	ronic Pulmonary	Disease			
	A	NTECEDENT CAUSES	S	(B) Chi	ronic Pulmonar Tuberculous	y Disease	=======================================	***************************************	***********
	DISEASES O	R CONDITIONS, if	any, giving	OUE TO NOT	ronic Pulmonar Tuberculous n- Dobortoos)	Disease		Three Yea	ars
	DISEASES O		any, giving	DUE TO	Tuberculous			Three Yea	
	DISEASES O	R CONDITIONS, if above couse (A)	any, giving	OUE TO (Not) 3 Lun	Tuberculous n- Duburbous) g Cyst left	XXX	old		lears
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67 7877.

67 7877 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E.	CASE NO.								
1. N (Typ	AME OF DECEAS	ED			2. DATE AND HOUR PRONOUNCED DEAD				
		RD G DIS	NEY , S	r.		August 16, 1	967 8:23 ам.		
3. Pt	ACE IN BALTIMO	RE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) A. STATE B. COUNTY				
FUL	L NAME OF	(IF NOT IN HOSPITA	L OR INSTITU	TION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
HOS INST	PITAL OR	ADDRESS OR LOCA	TION)						
1)					ltimore	10-06		
	503 Parks	sley St.			D. STREET ADDR	ESS (II rural, give location)			
5. SE	X 6. R/	ACE	7 44 4 80150	NIFTUED AN ABBIED	503	Parksley Street			
D. 31	.A 0. K/	ACE	WIDOWED, I	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH 1898 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.				
		Vhite		ried	December	. 00			
			IOB. KIND OF	BUSINESS OR INDUSTRY	11. SIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
		1 Carrier				ryland	U.S.A.		
13. F	ATHER'S NAME				14. MOTHER'S MA				
		d A. Disney				11ie Cunningham			
15. W (Yes,	no or unknown) (If y	VER IN U.S. ARMED	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS 21223		
				216-44-3403	Mrs. Marg	aret A. Disney, 50	03 Parksley Ave.		
1	B. 4 0			CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE O	R CONDITION DI	RECTLY				ONSET AND DEATH		
	LEA	ADING TO DEATH		(A)Ar	terioscler	osis Cardiovascul	ar		
	(This does not meon the mode of dying e.g., heart failure, osthenio, etc. It means the disease, liquid of the coursed feeth) (A) Arteriosclerosis Cardiovascular DUE TO Disease								
	injury or compile	otion which caused a	ge om.)			Dibease	Sept.		
	ANTECEDENT CAUSES								
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO								
7	UNDERLYING (CONDITION LAST,		(C)					
Ö-	(<i>V</i>)								
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
프		TH BUT NOT REL		HE	***************************************	***************************************			
ERT		ERATION 198, CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY?	(Yes or No) 20B. IF YES, WERE FI			
480	2	WAS PERI	FORMED		Aut	Yes YES			
	21A. EXTERNAL CA			PLACE OF INJURY (e.g., i	in or about 21C. W	HERE DID (If in Baltimore City, gi			
ED	UTING CAUSE O								
	21D TIME (M								
	(APPROX.) WHILE AT NOT WHILE AT AT WORK								
	22. 1 certify that I held an Inquiry Inspection Autopsy X and that an this basis, death in my apinion								
	resulted from: Natural couses X Accident Suicide Hamicide Undetermined manner								
	ACTUAL CHIEF MEDICAL EXAMINER X DATE SIGNED								
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER								
EXAMINER'S ASSOCIATE MEDICAL EXAMINER									
22.1	NAME (Type					1000 1000	August 16, 1967		
	BURIAL CREMAT	ION, 23B. DATE	230	C. NAME OF CEMETERY O	CREMATORY	23D. LOCATION (City.	, town, or county) (Stote)		
	Burial	8-19-67	7 I	Loudon Park Co	emetery	Baltimore, Mar	ryland		
24A.	DATE REC'D BY			OF REGISTRAR		AL DIRECTOR	ADDRESS		
		AUG 17 1967	Pole	BE Jalley MI	Howard	H. Hubbard, 4107	Wilkens Ave. 2122		

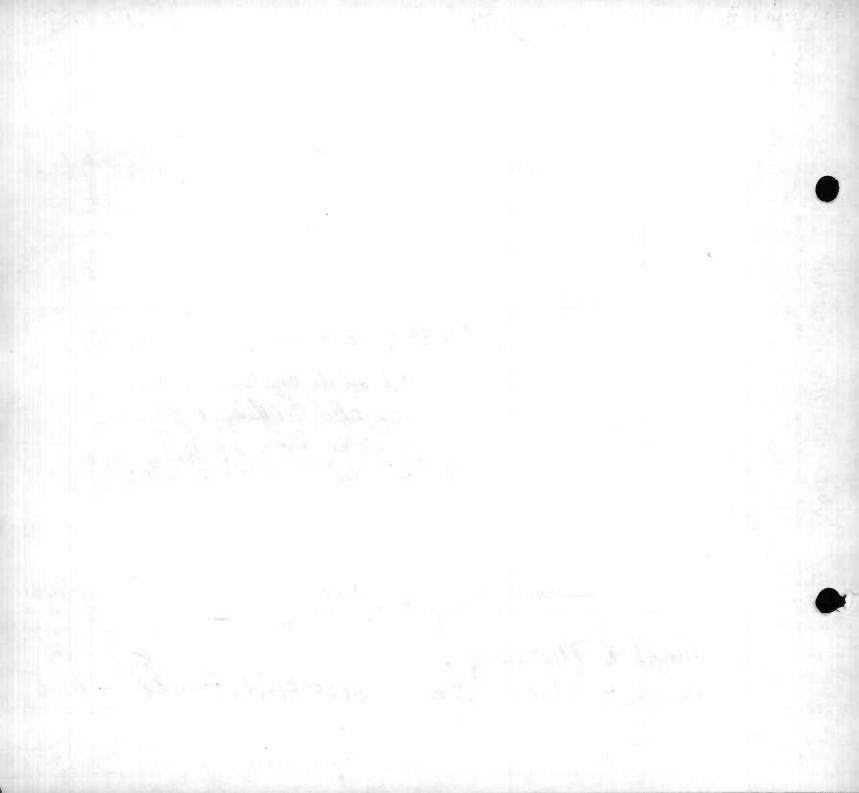
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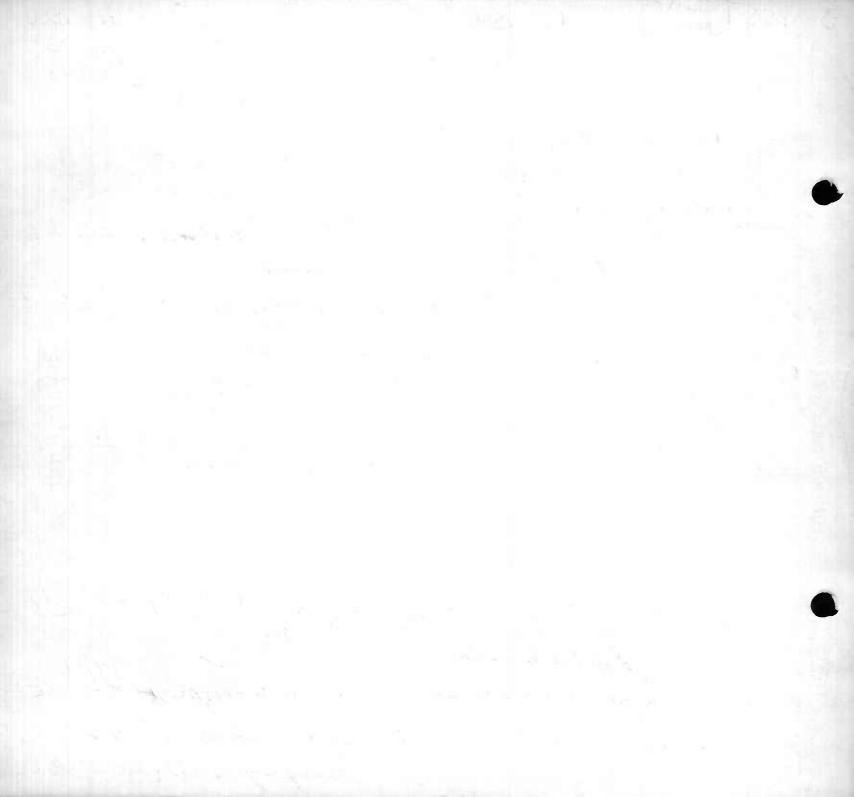
IMPORTANT

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT







BALTIMORE CITY HEALTH DEPARTMENT

U.S.A

INTERVAL BETWEEN ONSET AND DEATH

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/65

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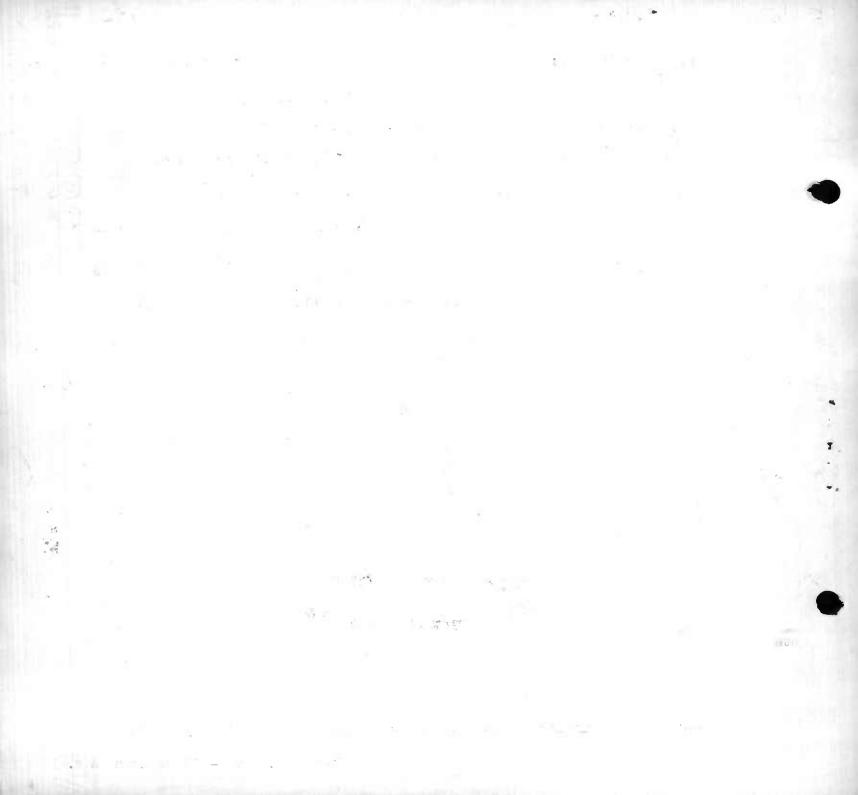
VS 150-REV. 1/1/65

Jo Virgil Moore, Denton, Md.

BALTIMORE CITY HEALTH DEPARTMENT

Median Procedurary - Pret- analyting of the marking the college 2401 gadronus icar donne sus referje & rafife. 40 18 mils 10/0 10 Haplem Haplem Hope (Bluman. CHHARM PSHUGHAN

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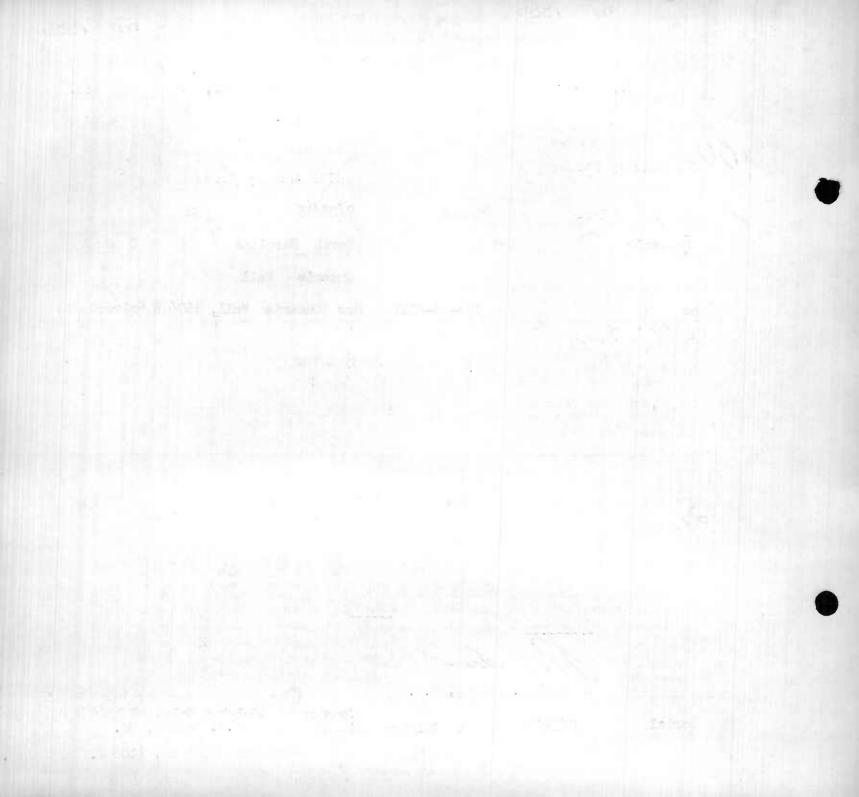
67	7884 BALTIMORE CITY	Y HEALTH DEPARTMENT	(m) moos
BIRTH NO.	CERTIFICA	TE OF DEATH Registered No.	67 7884
M.E. CASE NO. 1. NAME OF DECEASED		2, DATE AND HOUR OF DEATH	
Type or Print HENRY & S	CHAFTED	8/15/67	
3. PLACE OF DEATH IN BALTIMORE MAI	CHACLER	4. USUAL RESIDENCE Where deceased lived. If in	7- 30 Am
TEACE OF BEATH IN BACHWORK MAI	KI EAIVO	A. STATE B. COUNTY	asing nan, residence before burnssion,
FULL NAME OF (If not in hospital	or institution, give street	MD.	
HOSPITAL OR oddress or location		C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
CHURCH HOME &	HOSPITAL	BALTIMORE	1-0)
BALTIMORE: MI		D. STREET ADDRESS (If rurol, give location)	Cle .
BALIMORE; 113	21231	2329 MILLIMAN	Street.
SEX M 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) HARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 57	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
OA. USUAL OCCUPATION (Give kind of work	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SINCLAIR OIL CO.	CLERK	MD	1/ S A
SINCLAIR OIL CO.	CLERK	14. MOTHER'S MAIDEN NAME	0 211
	AFFFO	/1	
HENRY SCH	MELEK	UNKNOWN	
. Was Deceased Ever in U. S. Armed Fore	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
1/2	SECORITY NO.	Mrs. Katlerine A. Schaefer-	2329 Milleman
118.	CAUSE	DE DEATH	INTERVAL BETWEEN
153,8		N DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIR	To	KEMIC SHOCK	Due house
(This does not mean the made of		721/10 31/00/	1-000 /2-000 8 3
heart failure, asthenia, etc. It means	lhe diseose.		
injury ar camplication which caused	deom.)	, of Glon	- lu days
ANTECEDENT CAUSES	DUE TO	Λ = -	7
DISEASES OR CONDITIONS, if c	any, giving	1. OF CAM PERITONITIS	
UNDERLYING CONDITION last.	3101111g 1116 (C)		
11			
OTHER SIGNIFICANT CONDITIONS C			
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING 1			
194. DATE OF PERATION 198. CON	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE	FINDINGS CONSIDERED
194. DATE OF OPERATION 198. CON WAS PERF	CA. COLON	IN CERTIFYING CA	MOSES OF DEATH? NO
21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Baltimar	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	omice bidg., INJURT OCCUR?	
	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not Whi		
(APPROX)	Work At Work		/
22. I certify that (1) (this hospital) attended the deceased from	8 11 19 67 10	8/15/1967
that (1) (we) last saw the decease	0./ 12/	19.6.7 and that in (my) (aur) ap	9/
	_ '/ /		inion death accorred on the du
and have and from the causes stat	ed abave. (1) (We) (did) (did nat)	view the bady after death.	P
23A. SIGNATURE	000		23 B. DATE TIGNED
1 Si Shug	M.D. All	ending Med. Sloff Phys.	0/15/6/
23C. PHYSICIAN'S	7	23D. ADDRESS	1
NAME (Type) KRISH	NA REDDY M.D.	CHURCH HOME & HOSPI	ITAL; BALTO:31
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR		ity, town, or county) (State)
REMOVAL (Specify)	7 4. 0	0 4 1	
BURIAL 8-19-6	1 MRUID GIDGE	GM. SALTO,	MD.
SA. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	250 FUNERAL DIRECTOR	ADDRESS O
AUG 17 1967	Clobert E, tonberta	CHANTE M. UL -2	334 Steen)
\$ 150-REV. 1/1/65		The same of the same	TD K
3 13U+KEV. 1/1/03			

AND THE PERSON NAMED IN - Labor 1 - 1

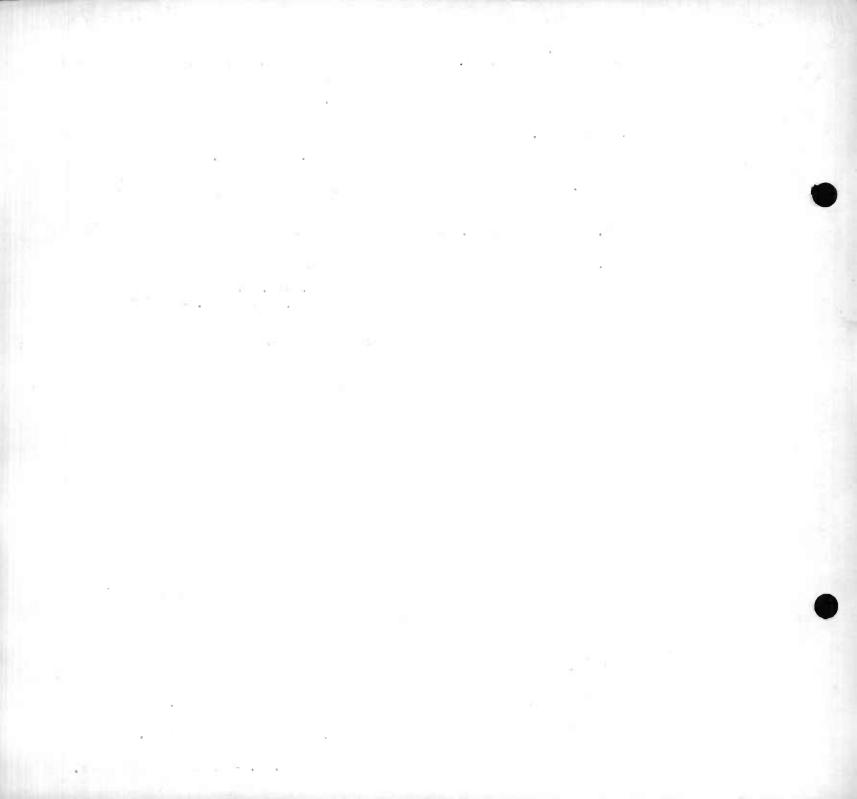
ased the Such	M.E. CASE NO. 1, NAME OF DECEASED	ATE OF DEATH Registered No. 67 7885 2. DATE AND HOUR OF DEATH
se of dea (5) Deceas ance on t death. Su	(Type or Print) GEORGE FREDERICK SPONTS 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY MARYLAND
ng cause cause; (; attenda ior to d	HOSPITAL OR INSTITUTION address or location) 137 N. MONTFORD AVE.	C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE D. STREET ADDRESS (If rural, give location)
rributii mined gular sed pr	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years 4-1-1908 9. AGE (In years Month's Day's Hours Min.
ndeterm in reg decease	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done dyring most of working life, even if retired) LETTER MAN U.S. POST OFFICE	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Jirect (4) U h was n the disposi	13. FATHERS NAME GEORGE SPONHEIMER	14. MOTHER'S MAIDEN NAME
f the d y kind; d deat ance o	15. Was Deceased Ever in U. S. Armed Farees? (Yes, no ar unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	SOPHIA KOERBER 17. INFORMANT Mrs. Clara R. Sponleimer - 137 N. Mortfre OF DEATH OF DEATH
lical examiner of his a lical examiner. Also, if rins, (3) A fracture of any sician who pronounced was in regular attenda mains are embalmed or	injury at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	ONSET AND DEATH PRICED D SCLEROFIC GENE DITTORE
tal by a medic s; (2) Body burn here the physical w before the remi	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g.	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Ly, in ar about 21 C. WHERE DID (If in Boltimare City, give exact location) office bldg., INJURY OCCUR?
hospital nature; (cept whe d (6) No ained be	DEATH (natify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY OF INJURY	21F. HOW DID INJURY OCCUR?
sed to the sed the sed to the sed	that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (We) (dld) (1962 and that in (my) (aur) apinian death accurred an the date) view the bady after death. 238. DATE SIGNED
was released was released and accide A. at a he prior to prior to pproval r	23C. PHYSICIAN'S ANDREW LEMISCHED M.	
the body shows: (1) was D.O./ deceased	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	MORIAL CEM SALTO, MO. (Stote)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7886

A.E. CASE NO.	ICAL LAAMIINLK 5 V	CERTIFICATE OF	DEATH Registr	7100 1101
NAME OF DECEASED		2. DATE AN	D HOUR PRONOUNC	ED DEAD
ODELL REASE	HERE PRONOUNCED DEAD	A. STATE	deceosed lived. If inst B. COL	titution; residence before adm(ssion)
ULL NAME OF (IF NOT IN HOSPIT. IOSPITAL OR AOORESS OR LOCA INSTITUTION	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside	le corporate limits, write	e RURAL and give township)
1715 Barclay Street		D. STREET ADDRESS (If rurol,		12-05
SEX 6. RACE Female Colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Single	8. DATE OF BIRTH 9/28/35	9. AGE (In years last birthday)	If Under 1 Yr, If Under 24 Hrs, Months, Oays, Haurs, Min,
DA. USUAL OCCUPATION (Give kind of work one dump most of working life, even if retired) Domestic		North Carol	gn country)	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME		Queenie Be		
6. WAS DECEASED EVER IN U.S. ARMED es, no or unknown (If yes, give wor or dote no		Mrs Queenie	Bell, 1606	N Calvert St
DISEASE OR CONDITION DI LEADING TO DEATH (This does not meen the mode of heart failure, asthenia, etc. It means injury or complication which coused ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST.	dying, e.g., OUE TO the discose, deoth.) S NY, GIVING OUE TO TATING THE (C)	Fatty Liver		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER	LATEO TO THE	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	SES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g home, farm, foctory, street, etc.)	yES , in ar obout 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Baltimore City, gi	YES ive exact location)
21D TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)	WHILE AT TO NO	T WHILE WORK	URY OCCUR?	
22. I certify that I held an I			is bosis, deoth In a	
ACTUAL	2/1	CHIEF MEDICAL EX		DATE SIGNED
SIGNATURE EXAMINER'S	1 S. Fisher, M.D.	D. ASSISTANT MEDICAL EX		August 16, 19
A. BURIAL CREMATION, MOVAL (Specify) Burial 8/19	23C. NAME OF CEMETERY	Cemetry A	lo kolous Hals	, town, or county) (State)
A. DATE REC'D BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	1	ADDRESS
AUG 17 1967	Robert E. Starley M.	HdoTbl	nus Halstead	d, 1206 W. North A

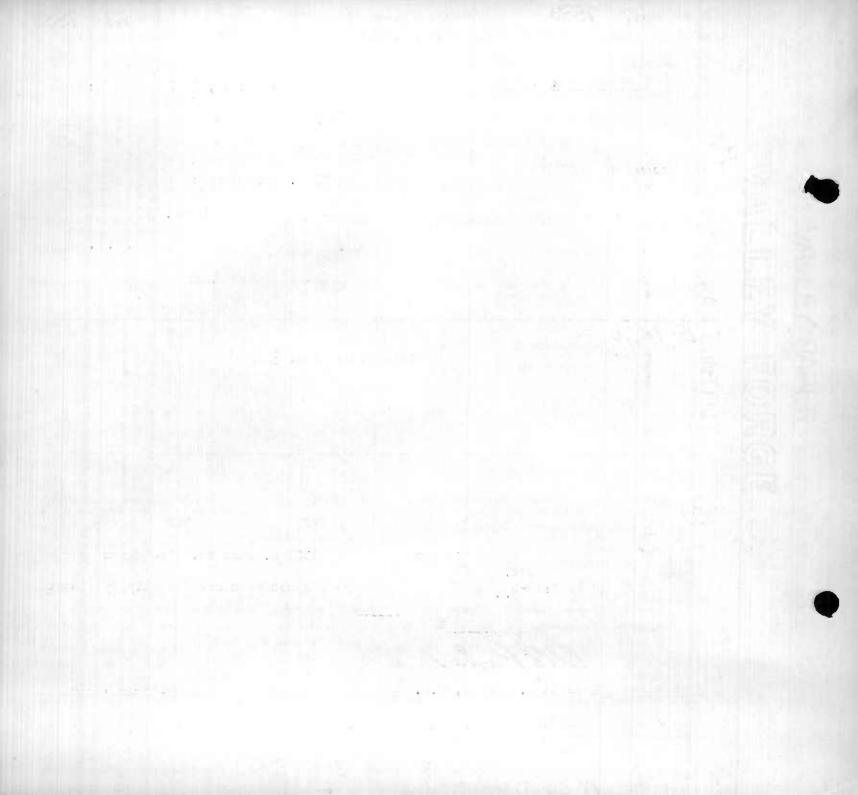


I NAME OF DE			CERTIFICA			
(Type or Print)		nnline, Sr.			. 15, 1967	2; 50
FULL NAME HOSPITAL OR INSTITUTION		or institution, give st n)	treet	A. STATE B. COU	outside city limits, write	RURAL and give township)
00				300 N. Ath		
5. SEX M	6. RACE Cauc.	7. MARRIED, NEVE WIDOWED, DIV Married		8. DATE OF BIRTH 3/13/99	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.
Police	f working life, even if refired) Dept.	Bal to.		11. BIRTHPLACE (State or fo	nd	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NA Geo	orge F. Bahnli	.ne		14. MOTHER'S MAIDEN N Mary Hami		
15. Was Decease (Yes, no or unknow NO	d Ever in U. S. Armed For (n) (If yes, give wor or dote	ces? 16. S	OCIAL ECURITY NO.	17. INFORMANT Geo.	F. Bahnling	e ADDRESS
(This does heart failure injury at co	ASE OR CONDITION DIR LEADING TO DEATH nat meon the mode of , asthenia, etc. it means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if he above couse (A)	dying, e.g., the disease, death.)	(B)	EREBRIA 1.S. L.D. 1.A.BETES	***************************************	10 yrs
UNDERLYIN	IG CONDITION lost.	CONTRIBUTING	(C)		, , , , , , , , , , , , , , , , , , , ,	
DISEASE OF		DITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WERE	FINDINGS CONSIDERED
DISEASE OF THE PROPERTY OF CONTRIES OF CON	CONDITION CAUSING I	IDITION FOR WHICH	E OF INJURY (e.g., i	n or about 21C. WHERE DID fine bldg., INJURY OCCUR?	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
DISEASE OF THE CONTRIBUTION OF	CONDITION CAUSING I OF OPERATION 198. CON WAS PERI ENT WAS UNDERLYING BUTING CAUSE OF	IDITION FOR WHICH FORMED 218 PLAC home, lorr etc.)	E OF INJURY(e.g., in, factory, street, o	n or obout 21C. WHERE DID ffice bidg., NJURY OCCUR?	th CERTIFYING C.	AUSES OF DEATH?
DISEASE OF DISEASE OF TOP	R CONDITION CAUSING I OF OPERATION 198, CON WAS PERI ENT WAS UNDERLYING UNING CAUSE OF Of medical exominer) (Month) (Day) (Year) y that (1) (Wris hospital o) last saw the decease	218, PLAC home, lorr etc.) (Hour) 21E, INJU While At Work attended the deed alive an armonic with the second sec	RY OCCURRED Not Whith At Work Ceased from	n ar about 21C. WHERE DID ffice bidg., INJURY OCCUR?	IN CERTIFYING C. (If in Boltimo	AUSES OF DEATH?
DISEASE OF DISEASE OF THE DEATH (notified peath (notified peat	ENT WAS UNDERLYING DAYS PERIOR (Month) (Day) (Year) That (I) (Note here) The property of the	218, PLAC home, lorr etc.) (Hour) 21E, INJU While At Work attended the deed alive an armonic with the second sec	RY OCCURRED Not Whith At Work Coesed from (dtd) (did not)	n or about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID 11 19 and view the bady after death of the bady after deat	IN CERTIFYING C. (If in Boltimo	AUSES OF DEATH? THE City, give exact locotion)
DISEASE OF DISEASE OF THE PROPERTY OF THE PROP	ECONDITION CAUSING I OF OPERATION 198. CON WAS PERI ENT WAS UNDERLYING CAUSE OF Ty medical examiner) (Month) (Day) (Year) y that (1) (this hospitely) last saw the decease of fram the causes state URE ANS Type) Herbert	(Hour) 21E. INJU While At Work at days. (H) We	RY OCCURRED Not Whith At Work Ceased from (did) (did not)	21F. HOW DID 11 21F. HOW DID 11 19 and wiew the bady after death and wiew the bady after death 23D. ADDRESS 4804 Fr	IN CERTIFYING C. (If in Baltima NJURY OCCUR? 19 ta fraction to the control of	Dinion death occurred on the de
DISEASE OF DISEASE OF THE PROPERTY OF THE PROP	ENT WAS UNDERLYING CAUSE OF CONDITION (Month) (Doy) (Year) That (1) (Note that the course state of the co	(Hour) 21E INJU While At Work Hotel days. (H) We 24C. NAME of	RY OCCURRED Not Whith At Work Coessed from (dtd) (did not) M.D. Att	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID H 21F. HOW	IN CERTIFYING C. (If in Baltimo NJURY OCCUR? 19 to factor that in(my) (out) application (my) (out) application	AUSES OF DEATH? The City, give exact locofion) Solution death occurred on the docurred on th



DIOTH NO	67	7888		HEALTH DEPARTMEN		67	7000
M.E. CASE NO.		7000	CERTIFICA	TE OF DEATH			1000
1. NAME OF DEC	Russ	ELL G	ILLIAM	2. DATI	R 12 67	н	30
PLACE OF DEA	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (institution: residen	ce before odmiss
FULL NAME O		l or institution, give	treet	MARYLAND		10-0	2
HOSPITAL OR	BALT IMORE C		TC		If outside city limits, writ	e RURAL ond give	township)
31	4940 EASTERN		L	D. STREET ADDRESS	(If rural, give location)		
	BALTIMORE 2		AND	802 N. CARO	DLINE ST.	21205	
5. SEX	6. RACE	7. MARRIED, NEV	ER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Months: Doys	If Under 24 h
MALE	NEGRO		ORCED (specify)	6-6-14	53		
	UPATION (Give kind of wo working life, even if retired)		NESS OR INDUSTRY	11, BIRTHPLACE (Stote or	foreign country)	12. CITIZEN C	DUNTRY?
Larger				PENNSYLV		U.S.	Α.
13. FATHER'S NAM				14. MOTHER'S MAIDEN			
15 Was Danie 1	EDMOND	9 15	20011	JULIA GRA	VES		0.000
(Yes, no or unknown	(If yes, give wor or do		SOCIAL SECURITY NO.	17. INFORMANT	1010 PAGE	ADD	TUD.
YES	1 7		66110		4940 EASTER		
18. DESEAS	SE OR CONDITION D	IRECTLY	CAUSE	F DEATH			T AND DEATH
	LEADING TO DEATH	1	(4)	Theumonia			1 DAY
(This does no heart foilure,	not mean the mode of asthenio, etc. It meons	f dying, e.g., s the diseose,	DUE TO		***************************************		
injuly at com	aplication which couse	d deoth.)	M	to et li car	e. Pl.		6 2
	ANTECEDENT CAUSE		DUE TO		cuana of o	7	S MON
	OR CONDITIONS, if a obave cause (A)		101	nadati Sa	2 cell Carcina	1 Tongre	6 mon
UNDERLYING	G CONDITION, last.		######################################			***************************************	
Z OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING					
TO THE D	EATH BUT NOT REL	ATED TO THE	N.				
19A. DATE OF	OPERATION 198. COL	NDITION FOR WHIC	0.0	20A. AUTOPSY? (Yes	IN CERTIFYING	E FINDINGS CON	H 2
	NT WAS UNDERLYING		ration of hum	n or obout 21 C. WHERE DI		nore City, give exo	LES
OR CONTRIBL	TING CAUSE OF		m, foctory, street, o	ffice bldg., INJURY OCCU	R?	ore only, give exor	A IOCORON)
O 21D. TIME	(Month) (Doy) (Year)) (Hour) 21E, tN II	JRY OCCURRED	21F. HOW DID	INJURY OCCUR?		
OF INJURY		While A	Not Whi	e —			
	that (1) (this haspita	Work	At Work	/1/	19 67 to 8/2	12/	10 67
	last saw the deceas		8/12/	1967 an	d that in (my) (aur) a		
			e) (did) (did nos)	view the body after dec		prinon deorn ac	, orred on the d
23A. SIGNAT			,, (515) (316 1161)	The body difer dec	11478	23B, DATE SIG	
	taul	K-mo	M.D. Att	ending Med.	Stoff Phys.	8/12/	1967
23C. PHYSICIA NAME (T	N'S	1-33		23D. ADDRESS		BALTO 2	21224, MD
AMINE ()	DR. PAUL K	RIJGER	M.D.	BALTIMORE CIT	Y HOSPITALS	4940 EASTE	
REMOVAL	MATION, 24B. DATE	24C. NAME				(City, town, or coul	
Burial	8/12/6	7 Bal	lo 1 nai	const	5501 3	redence	euf
SA. DATE REC'D		25B. NAME OF RE	GISTRAR	25C. FUNERAL DIREC	TOR DAO	1100,00	DDRESS
	AUG 17 1967	Rest E.	Tarkey MA	ozep &	· Rocks X	130411	(Dollar
150-REV. 1/1/6	65	25			U		

CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTII 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bidg., NJURY OCCUR? 21A, EXTERNAL CAUSE WAS (If in Boltimore City, give exact location) UNDERLYING XOR CONTRIB-UTING CAUSE OF DEATH. Bedroom 1827 N. Port St. 2nd floor 21 D TIME OF INJURY 21F. HOW DID INJURY OCCUR? (Yeor) B(Hour) 21E. INJURY OCCURRED NOT WHILE (APPROX.) Subject shot accidentally by sister TO WORK Autopsy X I certify that I held on Inquiry Inspection and that on this basis, death in my apinion Accident X Homicide resulted from: Natural causes Suicide Undetermined monner CHIEF MEDICAL EXAMINER X DATE SIGNED ACTUAL M. D. ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S August 16, 1967 NAME (Type) Russell S. Fisher, M.D. 23A. BURIAL CREMATION, 23C. NAME of CEMETERY or CREMATORY (State) 23 O. LOCATION REMOVAL (Specify) Baltimore, Burial Ht. Auburn Cem. Maryland 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR Funeral Home 1348 Calhoun St. VS 151-REV. 1/1/65



7890

BIRTH NO.

qj	MEDICAL	EVALAINIEDIC	CEDTIFICATE OF	DEATILE
1	MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH Registered No.

M.	E. CASE NO.							
1.	NAME OF DEC	EASED			2, DATE	AND HOUR PRONOUNC	ED DEAD	
ч	WILLIE	MARSHAI	ſ.		Δ	ugust 15, 196	57	6:05 p M.
3. 1		MORE, MARYLAND		INCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If ins	titution: res	idence before admission)
					A. STATE	B. COI	YTNL	
FU	LL NAME OF	ADDRESS OR LO	PITAL OR INSTITU	ITION, GIVE STREET	C. CITY OR TOWN (If out	side corporate limits, write	e RURAL (and give township)
IN S	TITUTION	ADDRESS OR LO	JC A II ON				/	11-123
					Baltimor		/ "	7-03
	Dro	vident Hosp	sital D C) Δ	D. STREET ADDRESS (If ru	rol, give location)		
	FIU	Ardenr most	ortar D.C	, • L •	1920 McCul	1oh Street		
5. 9	SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years		er 1 Yr. If Under 24 Hrs.
15				DIVORCED (specify)		last birthday)	Months	Doys Hours Min.
	Male	Colored	Marri	.ed - Sep.	7-26-10	57	12	
		PATION (Give kind of rorking life, even if retire		BUSINESS OR INDUSTRI		reign country)	12. CITIZ	AT COUNTRY?
					S.C.		L	AT COUNTRY?
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN NA	ME		
15.	WAS DECEASED	DEVER IN U.S. ARA	AED FORCES?	16. SO CIAL	17. INFORMANT		ADDRES	
		(If yes, give war ar		SECURITY NO.			ADDALS	
				250186326	Ella M. Amos	5 1920 McCu	lloh	St.
	1B. /~	11 4			OF DEATH	1/20 11000	LLOII	INTERVAL BETWEEN
	576	7171						ONSET AND DEATH
	DISEAS	E OR CONDITION LEADING TO DEA	DIRECTLY					
	(This does n			(A)	Pulmonary emb	olism		
	heart failure,	ot mean the made osthenio, etc. It me aplication which cous	eons the disease,	001 10				
	,.,							
	A	NTECEDENT CAL	JSES	483				
	DISEASES C	OR CONDITIONS, I	F ANY, GIVING	DUE TO				
		E ABOVE CAUSE (A IG CONDITION LA						
Z				(C)				
2		ll ll						
X		IFICANT CONDITIO						
프		DEATH BUT NOT		HE F	ractured left 1	Leg		
CERTIFICATION		OPERATION 198.			20A. AUTOPSY? (Yes or N			CONSIDERED
CE			PERFORMED			IN CERTIFYING CAU	SES OF D	EATH?
-	21 A. EXTERNAL	CALLEE WAS	1010	VACUACI OF INITION /	YES			
MEDICAL	UNDERLYING	OR CONTRIB-	home	form, factory, street,	in or about 21C. WHERE DID			
8	UTING XCAUS	SE OF DEATH.	etc.)	TI-lan ann	Unles		0-0	0
Σ	21D TIME	(Month) (Day) (Year) (Haur) 2	Unknown I.E. INJURY OCCURRED	21F. HOW DID II	NOWN		
	OF INJURY (APPROX.)			HILE AT NOT	WHILE -			
7		Unknow		VORK AT W	ORK Unkno	own		
	22.	ify that I held on	Inquiry	Inspection Au	topsy X and that an	this bosis, deoth in a	my opinic	n .
								,,,
	result	red from: Notural	causesA	ccident X Suicid		Undetermined mann	er	
			2/0		CHIEF MEDICAL	EXAMINER A		DATE SIGNED
	SIGNATU		18 M	en un	ASSISTANT MEDICAL	EXAMINER		DATE STORED
	EXAMIN			m, D	ASSOCIATE MEDICAL			
	NAME (1		11 S. Fis	her. M.D.	ASSOCIATE MEDICAL		entem	ber 11, 1967
23/	A. BURIAL CREA			C. NAME of CEMETERY	CREMATORY 23D		, tawn, ar	
	MOVAL (Specify)						
	Burial		15-67	Arbutus Men.	Pk.	Arbutus, Mar	yland	•
24/	A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRECT			ADDRESS
		SEP 13 19	67 00	of E. Landey M.	Walter Town	TI Feed	210 ~	21
		2FL TO 12	as appropriate		Merson Fur	eral Home. 1	348 C	alhoun St.
VS	151-REV. 1/1/6	55	20					
		5 5 W	110					

Replaced 9/13/67 See Letter In File.
J.P.B.

IMPORTANT

DIRECTOR:

FUNERAL



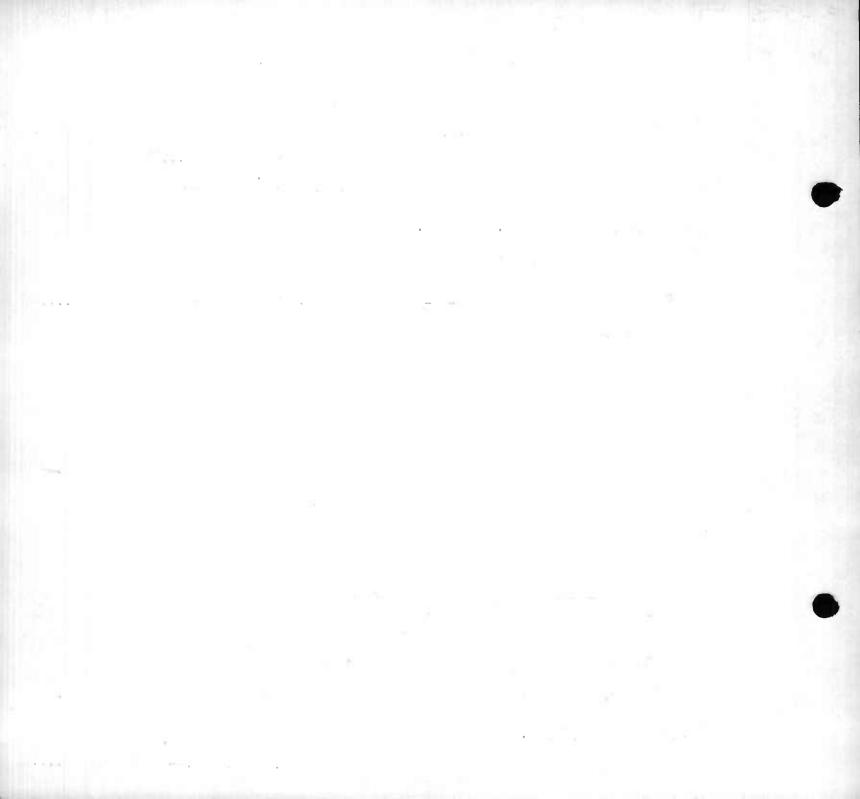
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The Johns Hopkins

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art.

	67	789	3 CERTIFICA	TE OF DEATH	Registered No.	67 7893
M.E. CASE NO.					AND HOUR OF DEATH	
Type or Print)	ALFRED	HENRY	SANTONI		. 16, 1967	2 00 4.
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WA. STATE B. CO		stitution: residence before admis
FILL NAME C	NE Of an in beneficial			Maryland		
HOSPITAL OR	OF (If not in haspital oddress ar lacotio		, give sireer		autside city limits, write F	RURAL and give township)
INSTITUTION	1911 Ramble	wood B	le beer	Baltimore		27.3
00	I/II Remore	wood 1	oau	D. STREET ADDRESS	(If rural, give location)	
00				1911 Ramblew	ood Road,	14
nale	6. RACE White	WIDOW	D, NEVER MARRIED (ED, DIVORCED (specify) Or married	B. DATE OF BIRTH 1903 Dec. 1, 1904	9, AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Manths Days Hours M
		10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	foreign country)	12. CITIZEN OF
	working life, even it retired)	Beth.	Steel Co.	Italy		USA
Retired R				14. MOTHER'S MAIDEN	AME	
or calliers HAL				THE PROPERTY OF THE PARTY OF TH		Vincil
	Antonio Sa				Giacinta	
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed For	rces? es of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			216-10-5023	Peter E. San	toni 1911 Ra	mblewood Rd
1B. // 5	011		CAUSE O	F DEATH		INTERVAL BETWEEN
4-00	SE OR CONDITION DI	RECTLY				onset and DEATH A hours. Cenknown
/ DI32A	LEADING TO DEATH		Co	ronan ark	ny Ocelower.	~ 4 hours
	nal meen the made of		DUE TO			
	asthenia, etc. It means nplicotian which coused		e,	1.0	1/2 0	12.1.
1 ' '	ANTECEDENT CAUSES		(B) Urte	n. Xelense	s accular	Lauren A
			DUE TO	W) send		
	OR CONDITIONS, il		ig .			
	G CONDITION lost.		manual via de di di di 🛡 Vi an via arrianti via	*** **** *** *** *** * * * * * * * * *	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
TO THE D	IFICANT CONDITIONS COEATH BUT NOT RELA	ATED TO				
DISEASE OR	CONDITION CAUSING	IT.		20 A. AUTOPSY? (Yes or	No. 208 IF VEC WEBE	FINDINGS CONSIDERED
19A. DATE OF	WAS PER		WHICH OFERATION	No.	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21 A. ACCIDE	NT WAS UNDERLYING	7 2	1B. PLACE OF INJURY (e.g., in		(If in Baltimare	City, give exact lacation)
OR CONTRIBU	wing CAUSE OF medical examiner	h	ome, form, factory, street, of			, 8 5.12 2.1301 1000101//
21D. TIME	(Manth) (Day) (Year)	(Haur) 2	IE. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX.)			While At Nat While At Wark	e 🗌		
	, Abox (1) (Abis basis			Latale 30	1058 . 0	gnot 16 196
22 1						
		ed alive or	D. J. L. T.	19 ond	that in (my) (out) opi	nian deoth occurred on the
	Lost sow the decease		/ /			
that (I) (was			(I) (We) (did) (d id not) v	lew the body ofter deat	th.	
ond haur on 23A. SIGNATI	d from the couses sto	ted obove.	(I) (We) (did) (d id not) v	/		23B. DATE/SIGNED
ond haur on 23A. SIGNATI	d from the couses sto	ted obove.	(I) (We) (did) (d id not) v	ending Med.	Staff Phys.	23B, DATE/SIGNED 8/16/67
ond haur on 23A. SIGNATI	d from the couses sto	ted obove.	(1) (We) (did) (did now) v	ending Med. Director 23D. ADDRESS	Staff Phys.	238. DATE/SIGNED 8/16/67 Bal timore, Md.
ond haur on 23A. SIGNATU 23C. PHYSICIA NAME (1	d from the couses sto URE Libert Ar ANS Typel Dr. Phillbe	tiges	(I) (We) (did) (did nor) (M.D. Atte Phy tigiani M.D.	Med. Director 23D. ADDRESS 2305 Mayfi	Stoff Phys.	8/16/67 Bal timore, Md.
ond haur on 23A. SIGNATU 23C. PHYSICIA NAME (1	d from the couses sto URE Libert (Li ANS Type Dr. Phillbe EMATION, 248. DATE (Specify)	triges	(I) (We) (did) (did not) was a constant of CEMETERY of CRI	Med. Director 230. ADDRESS 2305 Mayfi	Stoff Phys. D	8/16/67 Bal timore, Md.
ond hour on 23A. SIGNATU 23C. PHYSICIA NAME (1) 24A. BURIAL CRE REMOVAL (1) burial	d from the couses stout and stout an	ert Art	(I) (We) (did) (did nos) value of CEMETERY of CRITICAL CONTROL OF	ending Med. Director 23D. ADDRESS 2305 Mayfi EMATORY Pemetery B	Staff Phys. Bld Avenue, Bo Location (Circle) Caltimore, Md.	Sal timore, Md.
thot (I) (was) ond hour on 23A. SIGNATU 23C. PHYSICIA NAME (I) 24A. BURIAL CRE REMOVAL (burial 25A. DATE REC'D	d from the couses sto URE Libert (Li ANS Type Dr. Phillbe EMATION, 248. DATE (Specify)	ert Art 67. F	(I) (We) (did) (did not) was a constant of CEMETERY of CRI	ending Med. Director 23D. ADDRESS 2305 Mayfi EMATORY EMETER B 25C. FUNERAL DIRECT	Staff Phys. Bld Avenue, Bo. Location (Cital Control	8/16/67 Bal timore, Md.



V\$ 150-REV. 1/1/65

a hospital and

	Ch	7004		TY HEALTH DEPARTMENT		67	7894
BIRTH NO. M.E. CASE NO.	07	7894	CERTIFIC	ATE OF DEATH	Registered No.	07	1094
NAME OF D		(Herh	pert)	2. DATE A	nd hour of death ust 15, 196	7	8:25 p.
B. PLACE OF D	DEATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (Wh.	ere deceosed lived. If in	stitution: residen	ce before admis
FULL NAME		or institution, giv	re street	Maryland			
HOSPITAL O	Provident Ho	on spital Ti	nc.		utside city limits, write	RURAL ond give	township)
	1514 Divisio			Baltimore			8-0
5 1 1	Baltimore, Ma		#21217	D. STREET ADDRESS (H) 1609 Cliftvi	ew Avenue		
. sex Male	6. RACE Negro	7. MARRIED, N	DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy 55	If Under 1 Yr. Months: Doys	Hours Mi
	CUPATION (Give kind of war	k 108. KIND OF B	SUSINESS OR INDUST	RY 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN C	OF .
une during most Unempl	of working life, even if retired)			Virginia N		U.S	
3. FATHER'S N				14. MOTHER'S MAIDEN NA	orthampton	0.5	• 17. •
3. FAIMERS N	AME			14. MOTHERS MAIDEN NA	WE		
	ILLIE J. AME			AGNES AME	S		
5. Was Deceas Yes, no or unkno	sed Ever in U. S. Armed Fo wnl(If yes, give war or dot	rces? es af servicel	6. SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS
			213-03-479	O Julia Ames (wife)	Same	
18.	NVI		CAUSE	OF DEATH	/		VAL BETWEEN
DISE	ASE OF CONDITION DE	RECTLY		00 60	1 1	ONSE	T AND DEATH
	LEADING TO DEATH		(A)	Chellia	Herro	Eliael	
	s not meon the mode of		DUE TO			X	
	amplication which cause					0	
	ANTECEDENT CAUSE	S	(B)	***********************************			
DISEASES	OR CONDITIONS, if	any giving	DUE TO				
rise la	The above cause (A)		(C)	~ ~~~~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
UNDERLYI	NG CONDITION last.						
Z	II						
OTHER SIG	DEATH BUT NOT REL	ATED TO THE					
O INA DATE	OF OPERATION TABLE COL		HICH OPERATION	20A. AUTOPSY? (Yes or N	O 208 IF YES WERE	FINDINGS CON	UDERED
OTHER SIGN TO THE DISEASE OF T		REDRAED	HICH OFERATION	No No	IN CERTIFYING CA	USES OF DEAT	H?
21A. ACCIE	DENT WAS UNDERLYING	21R P	LACE OF INTERVIOR	, in or obout 21C. WHERE DID	(If in Baltimore	e City, give exo	ct location!
OR CONTR	BUTING CAUSE OF		form, foctory, street,	office bldg., INJURY OCCUR?	ti, iii ouii/mor	any, give exo	100010111
0							
OF INJURY	(Month) (Doyl (Yeori		NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APPROXI		While Work	AI W				
22. 1 carti	ify that (I) (this hospita				19 67 to A110	rust 15	19 6
				15, 19 67 ond t	Las In (mus) (and) = 1	production de est	
						nian death oc	curred on the
		ated above. (I)	(We) (did) (did not) view the body ofter death.			1170
23A. SIGNA	TURE /	10-	14.5	Attending	Stoff	23B, DATE SIG	
	Ma	uo		Attending Med. Phys. Director	Stoff Phys.	8/16/	0/
23C. PHYSIC	CIAN'S (Type)			23D. ADDRESS			
HAME	, , , ,		M.	D. 1514 Divisio	n Street		
24A. BURIAL C	REMATION, 24B. DATE	24C. NAA	ME of CEMETERY OF	CREMATORY 24D.	LOCATION (C	ily, lown, or cou	nty) (Sta
REMOVAL	L (Specify)						,
Buria			lto. Nati		Baltimore,		land
25A. DATE REC	C'D BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	R		DDRESS
	AUG 17 1967	12 0° 80	E Starkey MA	MORTON & D	WETT F.H.	1701	Lauren
	10.1.0	The second secon					

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				1
MEDICAL	EXAMINER'S	CERTIFICATE OF	F DEATH Registered	N

		07	1000	BALTIMORE CITY HEAL	TH DEPARTMENT		67 7895
BIRT	TH NO.	MED	ICAL EX	(AMINER'S CI	ERTIFICATE OF D	EATH Register	ed No
M.I	E CASE NO.						
1. 1	NAME OF DECE	ASED E.			2. DATE AND	HOUR PRONOUNCE	D DEAD
(i y	pe or Print)	LUCY BU	RSE		٨	uguet 16 10	267 3.20 a.M.
3. P	LACE IN BALTIA	ORE, MARYLAND, V		UNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If instit	067 3.20 a.M. pution: residence before odmission)
HO	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside		
INS	птипон				n 1		11-03
-	010				Baltimore D. STREET ADDRESS (If rurol,	give location)	
	210 1	W. Read Str	eet		010 77 5 1 6		
5. S	FX 6	RACE	7. MARRIED	NEVER MARRIED	210 W. Read S	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
		N/10E	WIDO WED,	DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
I	Temale	Colored	WID	OWED	July 22, 1906	61	
		ATION (Give kind of wo king fife, even if retired)		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	o deliting through or thou	and ma, even in remova,			Middlesex Co.	. Va.	U.S.A.
13.1	FATHER'S NAME				14. MOTHER'S MAIDEN NAME		
	JOHN	SON T. AC	KES		SARAH BU	RNETT	
		EVER IN U.S. ARME		16. SO CIAL	17. INFORMANT		ADDRESS
(Yes	s, no or unknown) (I	f yes, give wor or do	les of service)	SECURITY NO.	Mr. George B	Ince To	2222 N Tanana
	18.	5.7		CALLE	OF DEATH	drse, or.	2323 N. Longwo
	174	X		CAUSE	OF BEATH		ONSET AND DEATH
		OR CONDITION D					
				(A) Car	cinoma of uterus		
	heart foilure, o	meon the mode of sthenio, etc. It meon licotion which coused	s the disease,	DOE 10			
		TECEDENT CAUS		(8)			
	RISE TO THE	R CONDITIONS, IF	ANY, GIVING	DUE TO			
		CONDITION LAST					
Ö				(C)			
F	OTHER SIGNII	li Eleant condition	CONTRIBUTI	N.C			
0	TO THE D	FICANT CONDITIONS EATH BUT NOT R	ELATED TO				
E		CONDITION CAUSIN					
CERTIFICATION	19A, DATE OF	PERATION 198, CO	REORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	
	U	CALLES WAS			No		
O	UNDERLYING C	R CONTRIB-	21 B.	PLACE OF INJURY (e.g., i	in or obout 21C. WHERE DID (It in Boltimore City, giv	e exoct locotion)
8	UTING CAUSE	OF DEATH.	etc.)				
Σ		Month) (Doy) (Ye	or) (Hour)	TE. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	(APPROX.)			WHILE AT NOT WORK	WHILE		
	22.	d Hylan I =					
			Inquiry []			s bosis, deoth In m	y opinlan
	resulte	d from: Notural co	uses X	Accident Suicid	Homicide U	Indetermined monne	· 🗆
		~			CHIEF MEDICAL EX	AMINER X	DATE SIGNED
	ACTUAL	05	m-18	land un	ASSISTANT MEDICAL EX	AMINER	DATE SIGNED
	SIGNATU		1 -00	M. D.	ASSOCIATE MEDICAL EX		
	NAME (T)		1 S. Fis	sher, M.D.	AJJOCIA I E MEDICAL EX	Amin't En	August 16, 1967_
	BURIAL CREM			C. NAME of CEMETERY o	CREMATORY 23D. LC	CATION (City,	town, or county) (Stote)
	MOVAL (Specify)	0.03					20-11
	urial	8-21,		Mount Calve		.A. CO.,	Maryland
24/	A. DATE REC'D 8	Y HEALTH DEPT.	248 NAME	OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS
			-2	272	MORTON & DY	ETT F.H.	1701 Laurens St
		AUC 1 7 10		C des // MB			OT WOUTEITE 3

18 10 25 ,5. 414 . E. S. E. T. S. S. C. O' MARKET HE I rest as years and a second destracti DATE OF BUILDING STATE OF STAT

IMPORTANT

FUNERAL DIRECTOR:

W-	252	67	789		Y HEALTH DEPARTMENT ATE OF DEAT		67 7896
M.E. CASE NO 1. NAME OF ((Type or Print)	0.	1116701		BERT E.	2. DA	TE AND HOUR OF DEATH	н
3. PLACE OF FULL NAM HOSPITAL (INSTITUTION	OR oddress N	n haspital a or location)	r institution, (give street	4. USUAL RESIDENCE A. STATE B. Maryland	(Where deceased lived. If COUNTY Balt	institution: residence before odmission) timore RURAL and give township)
31	Baltimor 4940 Eas Baltimor	tern A	venue		D. STREET ADDRESS 649 South	(If rurol, give locotion) Avondale Road	21222
5. SEX	6. RACE Negro		7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH 7-4-1904	9. AGE (In years lost birthday) 63	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
	CCUPATION (Give st of working life, ever	kind of work		BUSINESS OR INDUSTR	Virginia		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S					SARAL	WAShingto	N
15. Was Decea (Yes, no ar unkno	ised Ever in U. S. lown) (If yes, give v	Armed Forc war ar dates	es? of service)	1 6. SOCIAL SECURITY NO. 213-09-1092	Records: BCH-	-4940 Eastern	Avenue 21224
DISEASES rise to UN DERLY OTHER SI TO THE	ure, oslhenio, elc. complication whice ANTECEDENT OR CONDITION The above control YING CONDITION IGNIFICANT CONE DEATH BUT I	CAUSES ONS, if of use (A) Note (A) Ditions CO	ny, giving sloling the	(B)(C)	,	NA OF KECTUR VERO METASIA	
	OF OPERATION		OITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONT	IDENT WAS UNDI	SE OF		e, form, factory, street,	in or about 21 C. WHERE I	DID (If in Boltime	ore City, give exact locotion)
21 D. TIME OF INJURY (APPROX.)	Y	y) (Yeor)		INJURY OCCURRED	ile 🗀	D INJURY OCCUR?	10
that (I) &	and from the ca	deceose	d olive on	M.D. A	7/28/ 19 6 7 view the body after ditending Med. pirector		238, DATE SIGNED 15 AUGUST 196
23 C. PHYSI					1000 4000000		-
24A. BÜRIAL	Russel.	l D. H		M.D			more, Maryland 2122

Later Special Later and Control with water and the ABENDEARCH WORDS OF RECTURE SYLVES

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Books to Land to the 1704 Section

15 Augus 1967

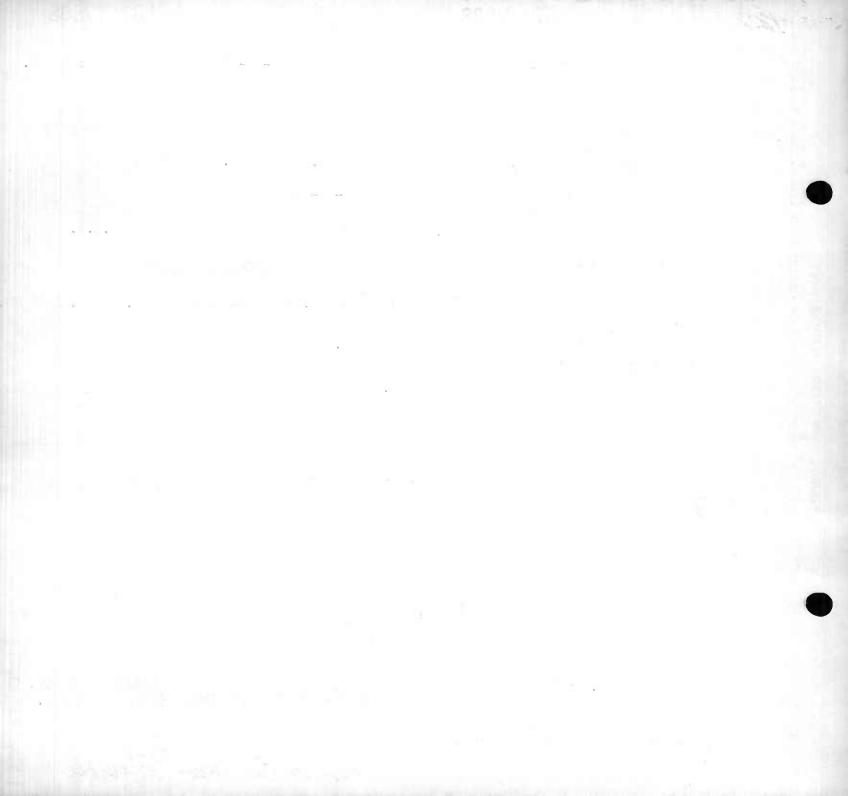
5 - 30 GIRTH NO. 67 7897 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 7897

M.E. CASE NO.									
1. NAME OF DE				2. DATE AND HOUR PRONOUNCED DEAD					
	ECELIA SCOTT				Augus	t 15, 1967		6:50	р м.
3. PLACE IN BAL	LTIMORE, MARYLAND, V	VHERE PRONOU	NCED DEAD	4. USUAL A. STATE	RESIDENCE (When	e deceased lived. If ins B. CO		dence befare adr	nissian)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU ATION)	TION, GIVE STREET	C. CITY		de corporote limits, wri		d give township	3/2
2430	2430 Druid Hill D.O.A.				Baltimore D. STREET ADDRESS (If rural, give locotion)				
					30 Druid				
5. SEX Female	6. RACE Colored	WIDOWED, E		Octo	ber 10,	9. AGE (In years lost birthday) 1927 39	Months	1 Yr. If Under Days Hours	24 Hrs. Min.
done during most of	CUPATION (Give kind of working life, even if retired)	k 108. KIND OF	BUSINESS OR INDUST	BAL	TIMORE,	MARYLAND	12. CITIZE	N OF T COUNTRY?	
13. FATHER'S NA	INSTON H. J	ONES		14. MOTH	EVELYN				
15. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	16. SOCIAL	17. INFORA			ADDRESS		
(Yes, no or unknow	n) (If yes, give wor or dot	es of service)	SECURITY NO.				0.400		*** *
					Michael	Scott	2430	Druid	
	ASE OR CONDITION D LEADING TO DEATI nat mean the made a e, asthenia, etc. It mean	Н	(A)	SE OF DEAT	ерsy			INTERVAL BET	
DISEASES RISE TO TH UNDERLYI	ANTECEDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S ING CONDITION LAST.	ANY, GIVING	(B)(C)			-			
TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO TH							
19A. DATE O	F OPERATION 198. COI	NDITION FOR V	VHICH OPERATION	20A. AU		20B. IF YES, WERE F	INDINGS CO	ON SIDERED ATH?	
O UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. I home, etc.)	farm, factory, street,	office bldg.,	YES 21C. WHERE DID NJURY OCCUR?	(If in Boltimore City, g	give exact la	cotion)	
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yes		HILE AT NOT AT	WHILE WORK	21F. HOW DID INJ	URY OCCUR?			
	rtify that I held on ulted from: <u>Natural co</u>	CALL	Inspection A			nis basis, death in Undetermined monn			
SIGNAT	TURE	Man	when M.	D. ASSISTA	NT MEDICAL E	XAMINER [DATE SIGN	IED
EXAMI NAME	(Type) Russe		sher, M.D.					16, 196	
23A, BURIAL CRI REMOVAL (Speci BURIAL			SALTO. NAT			BALTIMORE	, town, ar c	ounty) (SI	D
24A. DATE REC'D	AUG 17 1957	248, NAME	of REGISTRAR	24C, 1	UNERAL DIRECTO	YETT F.H.		Lauren	s St
VS 151-REV. 1/1	/65		/ / 13 >	0 173	0 0	7			

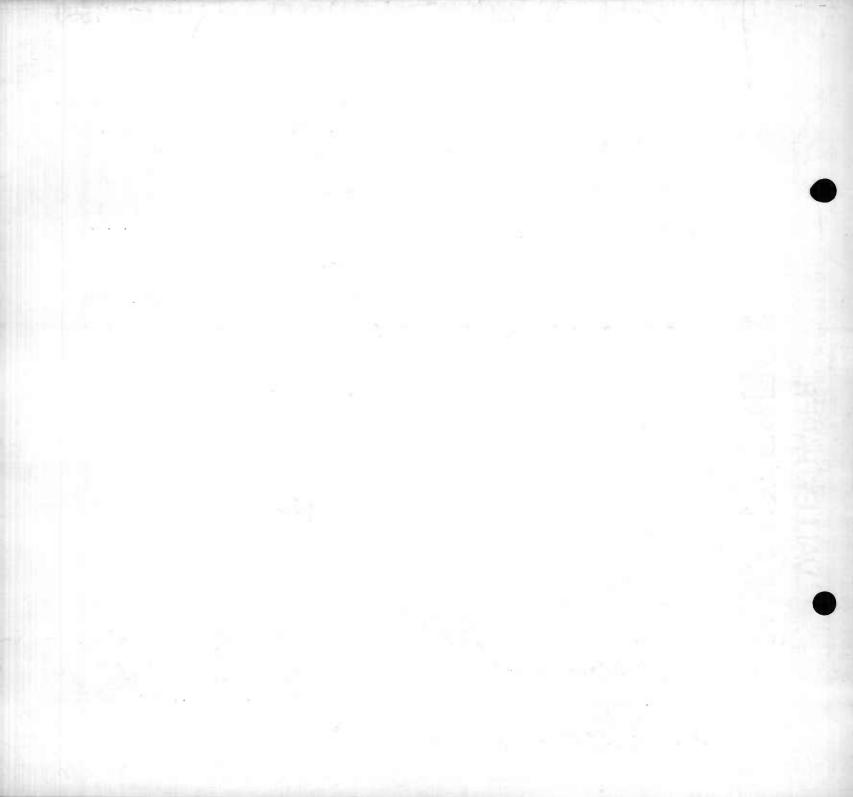
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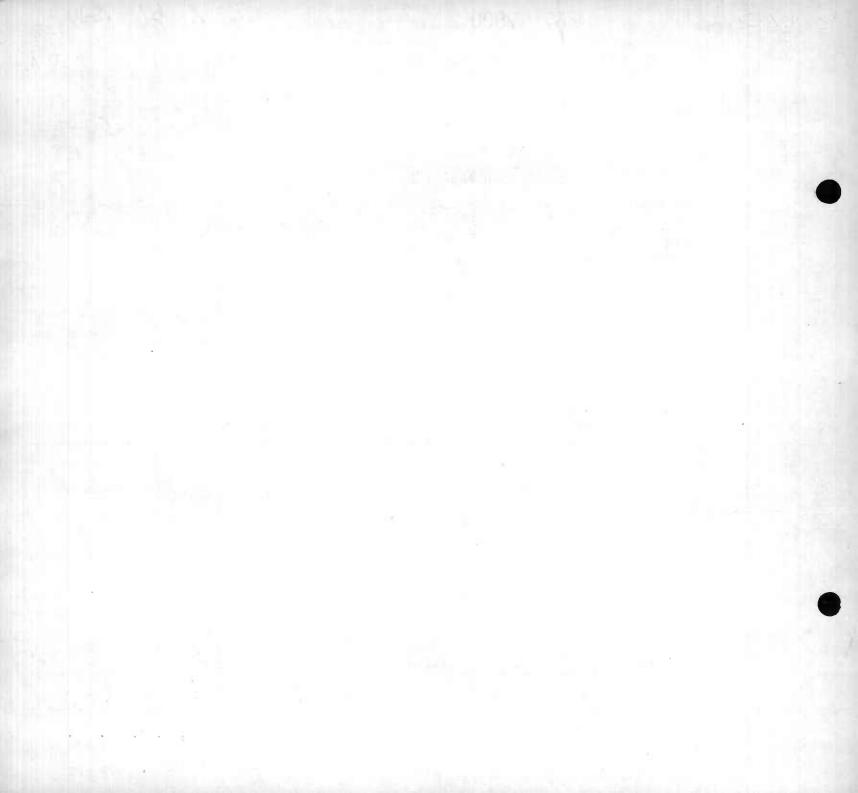
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K-1	10 67	7899	BALTIMORE CIT	Y HEALTH DEPARTMENT		CD 2000
BIRTH NO.		1000	CERTIFICA	TE OF DEATH	Registered No	67 7899
1. NAME OF D (Type or Print)	ECEASED, FILE By	Hele	4		AND HOUR OF DEATH	1 10 30 PM
FULL NAME	OF (Il not in hospitol	or institution, give	street	Maryland	here deceased lived. If UNTY	institution: residence before admission) A, A, C, RURAL and give township)
31	4940 Eastern Baltimore, M	Avenue			(If rural, give location)	32-10
				845 Spa Road		
5. SEX Female	6. RACE Negro	Married	IVORCED (specify)	6-26-06	9. AGE (In years lost birthday) 61	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
dopeduring most	of working life, even if retired)	17 al	SINESS OR INDUSTR	Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. fäthers n Ri	ichard /	31 000	n	14. MOTHERS MAIDEN N		
5. Was Deceas Yes, no or unkno	ed Ever in U.S. Armed Fo wn)(If yes, give war or dot	prces? 16. les of service)	SOCIAL SECURITY NO.	17. INFORMANT Records: BCH-	4940 Eastern	Address Ave. 21224
18. DISE	ASE OR CONDITION DI LEADING TO DEATH			OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
heart foilur injury ar c	and mean the made of the control of the course of the cour	s the diseose, d death.) S any, giving		MeDullary MANIOPHARY		
TO THE	CONTRICANT CONDITIONS OF CONDITIONS OF CONDITION CAUSING	ATED TO THE				
E O		RFORMED		70		E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING [IBUTING [CAUSE OF fify medical examiner)	etc.)	orm, foctory, street,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	Ut in Boltimo	ore City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Haur) 21 E. IN. While A Work	Not Whi	21F. HOW DID I	NJURY OCCUR?	
that (1) (w	fy that (I) (this hospitale) last saw the deceas	ed alive an	8-15			Dinion death occurred an the dat
23A. SIGNA	1. Cermo	ared abave. (I)((F			Stoff Phys.	23B, DATE SIGNED
23C.PHYSIC NAME	O Desmond		M.D.	23D. ADDRESS Baltimo 4940 Eastern Av		pitals Maryland 21224
BUNAL 25A. DATE REC	cal 8.19-1	ato Pri	OF CEMETERY OF C	anon (inna	Odes of Stoter
V\$ 150-REV. 1/	AUG 18 1967	P. Deels &	Jaloura	25C. FUNFRAL DYRECT	m Rees	etheling M



n m		HEALTH DEPARTMENT	V 6	7 7900
BIRTH NO.	7900 CERTIFICA	TE OF DEATH	Registered No.	1000
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
Type or Print SIADYS FI	IZABETH BRU	PHY Augu	A new of the second	1 10:50 1.
3. PLACE OF DEATH IN BALTIMORE, MAR		4. USUAL RESIDENCE (Where	deceased lived. If insti	tution: residence before admission)
		A. STATE B. COUNT	n'	1 11 B
FULL NAME OF (If not in hospital of HOSPITAL OR oddress or location)	r institution, give street	MAKYLI	4 10 10	Buch
INSTITUTION TO DATE OF THE PARTY OF THE PART	N SQUARE	C. CITY OR TOWN III outs	side city limits, write RU	RAL ond give township)
3/ IRANELI	10 sounded	D. STREET ADDRESS (If it	PCO CC	33-00
36 Ho	SPITAL	382) E	ELMCRO	PT RD.
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
FW	Widowed	11-1-1892	74	VOIIII'S 2073 110013 14110
IDA, USUAL OCCUPATION (Give kind of work) Idone during most of working life, even if retired)	OB, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
Char Woman	Bank	MARXI	AND	U.S.A.
13. FATHER'S NAME	Dana	14. MOTHERS MAIDEN NAM		
CHARLES	DITTY	DARK	10	100
	01117	DOKC	45	TARK
5. Was Deceosed Ever in U. S. Armed Forc (Yes, no or unknown) (If yes, give wor or dotes		17. INFORMANT	00HV 3	871 ADDRESS VICTOR
NO	217-34-9	510 1 Hours BR	0 411 /	Rd.
18. 10.00	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OF CONDITION DIRE	CTLY			ONSET AND DEATH
LEADING TO DEATH	(1)	ARCINO MA	TOSIS	
(This does not mean the made at	dying, e.g., DUE TO	# 8 8 8 8 10 10 10 10 10 10 10 10 10 10 10 10 10		
heart failure, asthenia, etc. It means injury ar complication which caused				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if a	DUE TO			
rise to the above cause (A)				
UNDERLYING CONDITION lost.				
_ 11_2				
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH NOT RELATED TO				
	•	100 A		
198. CONE WAS PERFO	OITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	
		1010	06 : 5 : 1	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21 B. PLACE OF INJURY (e.g., i home, farm, factory, street, a etc.)	ffice bldg., INJURY OCCUR?	(It in Boltimore C	City, give exact location)
U		015 1 0 0 0	104 0 001150	
OF INJURY (Month) (Doy) (Year)		21 F. HOW DID INJU	JRT OCCUR?	
(APPROX)	While At Work Not While At Work			
22. I certify that (I) (this hospital)	Dattended the deceased from	ULY 6 1	96 1 10 Ou	oust 17 196 1
that (1) (we) last saw the deceased	10. 17			an death accurred on the do
	2 4 1		, miny, don apini	an seam accourse on the go
and hour and from the courses state	obove. (I) (We) (did) (did not)	view the bady after deoth.		DATE CIGNIES
23A. SIGNATURE	0	ending Med.	Stoff -	B - 17 - 6
Januar .	M.D. All	s. Director	Phy s.	0-11-6
23C. PHYSICIAM'S NAME (Type)	0	23D. ADDRESS	0	11
A, MT. NY) 12 A M.D.	Franklin	1 27421	re Hosp.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR		CATION (City,	town, or county) (Stote)
REMOVAL (Specify)				
Burial 8 21 67	Glen Haven		n Burnie, A.	
	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	7	ADDRESS
AUG 18 1967	Robert E. Janeura	Mc Can	Hy 130 1	E. Fort Ave
VS 150-REV. 1/1/65		7 7 7 7		



BIRTH NO.	6	7 79		TE OF DEAT		. 67 7901
M.E. CASE NO. I. NAME OF DE Type or Print)		IP J.	VONTRAN	2. DAT	E AND HOUR OF DEAT	30/5 . 5
PLACE OF D	EATH IN BALTIMORE MA		· Oli 11011i			1967 7:00 P.
FULL NAME HOSPITAL OF	OF (If not in hospital	or institution,	give street	Md.	OUNTY	te RURAL and give township)
INSTITUTION	Baltimore Ci 4940 Eastern	-	pitals		re # 21224	
31	Baltimore,	21224,		511 S.	Rappola St.	
Male	6. RACE White	WIDOWE	NEVER MARRIED D, DIVORCED (specify) Tied	8. DATE OF BIRTH May 31.1890	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
		108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of		12. CITIZEN OF
Reti		Cross	and Blackwell	Baltimor		U.S.A.
3. FATHER'S NA	AME			14. MOTHERS MAIDEN	NAME	
	John Vontr	an		ν	ictoria Beli	Z
5. Was Deceas	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No No	wn) (If yes, give wor or dot	es of service)	SECURITY NO. 212-09-0909	Mary L. Vo	ntran	Same.
1B	2711		CAUSE OF	DEATH	B Day	INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY	D	1 40	0	
(This door	LEADING TO DEATH	duina n =	(A) 70-	lmonay Her lmonay Er Parissolecti	ronceje	
	e, asthenio, etc. it meons		, DUE 10	0		
injury or c	omplication which caused	death.)	Por	lucinous Gr	yly serve	
	ANTECEDENT CAUSES		DUE TO	<i>y</i>	1	
DISEASES	OR CONDITIONS, if	any, giving	A. t	Bir Douti	Heart Diseos	4
	the above couse (A) NG CONDITION last.	stoling the	(C) /1 /4	eus ou c	(4 - 1 0	
ONDERLIN	TO CONDITION Idsi.					
E TO THE	NIFICANT CONDITIONS (DEATH BUT NOT REL OR CONDITION CAUSING	ATED TO TH				
	OF OPERATION 198. COM		WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 20B. IF YES, WEIN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRI	DENT WAS UNDERLYING DEUTING CAUSE OF	218 hor etc	B. PLACE OF INJURY (e.g., in ne, form, foctory, street, olf .)	or obout 21C. WHERE D	ID (If in Boltin	nore City, give exact location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DIE	INJURY OCCUR?	
OF INJURY			hile At Not While			
		We			1 100	
22. I certi	fy that (I) (this haspita	l) attended t	the deceased from	June	19 6 / to	Cing - 7 19 6 7
that (I) (w) last sow the deceas	ed alive on	aug. 7	19 6 7 or	nd that in (my) (our)	opinion deoth occurred on the
ond hour o	and from the couses sta	ted above. ((I) (We) (dld) (dld not) v	iew the body ofter de	oth.	
23A SIGNA		1				238 DATE SIGNED
11/1	rough . de	Low		nding Med.	Stoll	8/14/6-
23C.PHTSIC		A _P. /	Phys	Director L	Phy s	011110/
NAME	Manuel P	. De Leo			ern Blvd. ,B	alto., 21224, Md.
	REMATION, 248 DATE	24C. N	AME of CEMETERY or CRE	MATORY 24	D. LOCATION	(City, town, or county) (State
REMOVAL	rial 8-17-6	7	Oak Lawn Ceme	tery 7	225 Eastern	Blvd., Ba. Co., Md.
	D BY HEALTH DEPT.		OF REGISTRAR	25C, FUNERAL DIRE	CIOR	ADDRESS
	AUG 18 1967	R.O. B	E tarberta	Colonader & 2	eller 6224 E	re 21224. Md.
/S 150-REV. 1/		A POCHO	13.	The state of the s	Daronn	/
J IJUTRE V. I/	17.00					

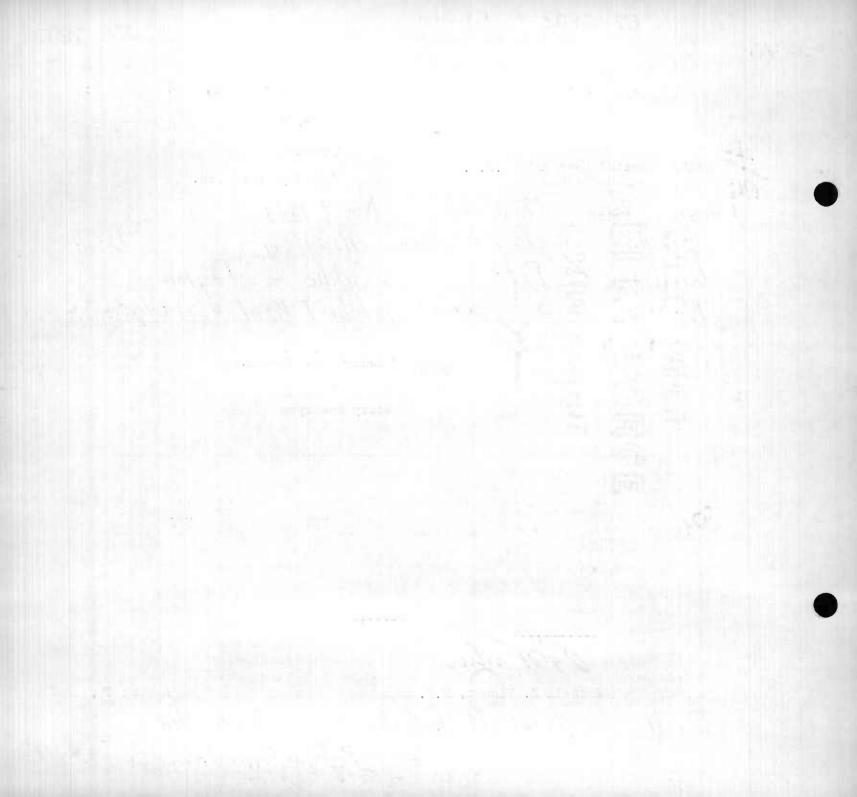
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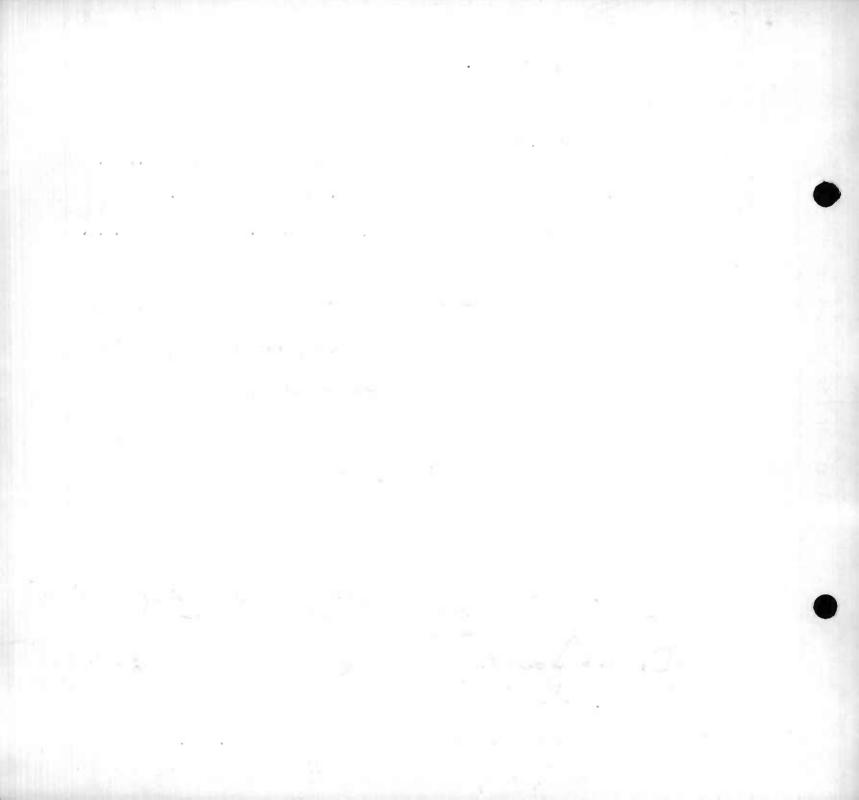
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	CERTIFICATE	OF	DEATH Registered No.67	79
MEDICAL	CERTIFICATE	0.	DEATH	. 0

M.E. CASE NO.					
1. NAME OF DECEASED V	2. DATE AND HOUR PRONOUNCED DEAD				
MARY KAHL	August 15, 1967 7:50 p.m.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission 8. COUNTY Marry and				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
	Baltimore / O				
Union Memorial Hospital D.O.A.	D. STREET ADDRESS (If rural, give locotion) 4288 Clydesdal Ave.				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Iost birthdoy) Months, Doys, Hours, Min.				
Female White MARRIED	Nov 7 1923 43				
done dutte most of working life, even if retired)	Y11. SIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
13cok Publishen	112 RU 2N US A				
11111. E E.t.	Addia 1 Taulas				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS				
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	John T Vahl 4286 Cladosold A.				
118. CAUSE	E OF DEATH INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
	ıbarachnoid Hemorrhage				
(This does not mean the mode of dying, e.g., head failure, asthence, etc. It means the disease, injury or complication which caused death.)					
ANTECEDENT CALISES					
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	Berry aneurysm				
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
Z (C)					
OF THE PROPERTIES OF THE PROPE					
TO THE DEATH BUT NOT RELATED TO THE					
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
ZIA. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Boltimore City, give exact location)				
UINDERLYING OR CONTRIB-	office bldg., INJURY OCCUR?				
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
OF INJURY (APPROX.) WHILE AT NOT WORK AT W	WHILE				
22.	tapsy X and that an this basis, death in my apinlan				
resulted from: Natural causes X Accident Suicid					
	CHIEF MEDICAL EXAMINER X				
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER DATE SIGNED				
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER				
NAME (Type) Russell S. Fisher, M.D.	August 16, 1967				
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (State)				
Dur12/ 8-18-67 D2/to/V21	16W2/ 102/to ///d 124C. FUNERAL DIRECTOR ADDRESS				
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	D = 11/1 - 1/1				
AUG 18 1967 Robert E. tarkey M.	Bunger topeval Home 3631 TAlk Ru				
VS 151-REV. 1/1/65	Notice 1/2 Unga fr				



RTH NO. .E. CASE NO.					
NAME OF DECEASED			2, DATE AND	HOUR OF DEATH	
ype or Print)	DAVIS.	CHARLES E.	Angn	st 16, 1967	و [ا
PLACE OF DEATH IN	BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Whore	deceased lived. If inst	itution: residence before odmi
			A. STATE B. COUNT	Υ	
FULL NAME OF HOSPITAL OR	(If not in hospital a	or institution, give street	Maryland		
INSTITUTION			C. CITY OR TOWN (If outs	ide city limits, write KU	IKAL and give low/ship!
Johns Johns	Honking U	ani tal	Baltimore D. STREET ADDRESS (If re	rol, give location)	000
33 voins	Hopkins Ho	ospital			
			3628 Elmley	Avenue, Bali	to, Md. 21213
SEX 6. RA	CE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours N
male v	white	married	Jan. 1, 1904	63 yrs.	
		10B. KIND OF BUSINESS OR INDUST		n country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working		1 01	D-34: W3		
FATHER'S NAME	- Inerlopi:	st Sheppard Pratt Ho	14. MOTHER'S MAIDEN NAM	E	U.S.A.
				c .	
Henry Davis	3		Cora Flory		
. Was Deceased Ever i	in U. S. Armed Ford		17. INFORMANT		ADDRESS
	.a, give were or dote:		Hammish Desi	(D	.): 0
n0		219-01-5421	Harriet Davis	(nee rearson	
18.420,1	/ I		OF DEATH		ONSET AND DEAT
	CONDITION DIR	ECTLY			Am
	ING TO DEATH	(A)	LOCONARY INSU	fficiency	/ years
(This does not me					
			- /	/	Q .
injury or camplicat	nia, etc. It means	lhe disease,		/	V = E
injury ar camplicat	nia, etc. II means ian which caused	lhe disease,		,	V .
injury or complicat	nia, etc. II means ian which caused CEDENT CAUSES	the disease, death.) (B)	altresclass	/	- U
ANTE	nia, etc. 11 means ian which caused CEDENT CAUSES ONDITIONS, il (the disease, death.) (B) DUE TO		2	<u> </u>
injury or complicat	nia, etc. 11 means ian which caused CEDENT CAUSES ONDITIONS, il (ave cause (A)	the disease, death.) (B) DUE TO		2	
ANTE	nia, etc. 11 means ian which caused CEDENT CAUSES ONDITIONS, il (ave cause (A)	the disease, death.) (B) DUE TO		2	- V
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DISEASES OR Crise to the about the control of the c	nia, etc. II means ian which caused CEDENT CAUSES ONDITIONS, iI ave cause (A) NDITION last.	the disease, death.) (B)		2	V
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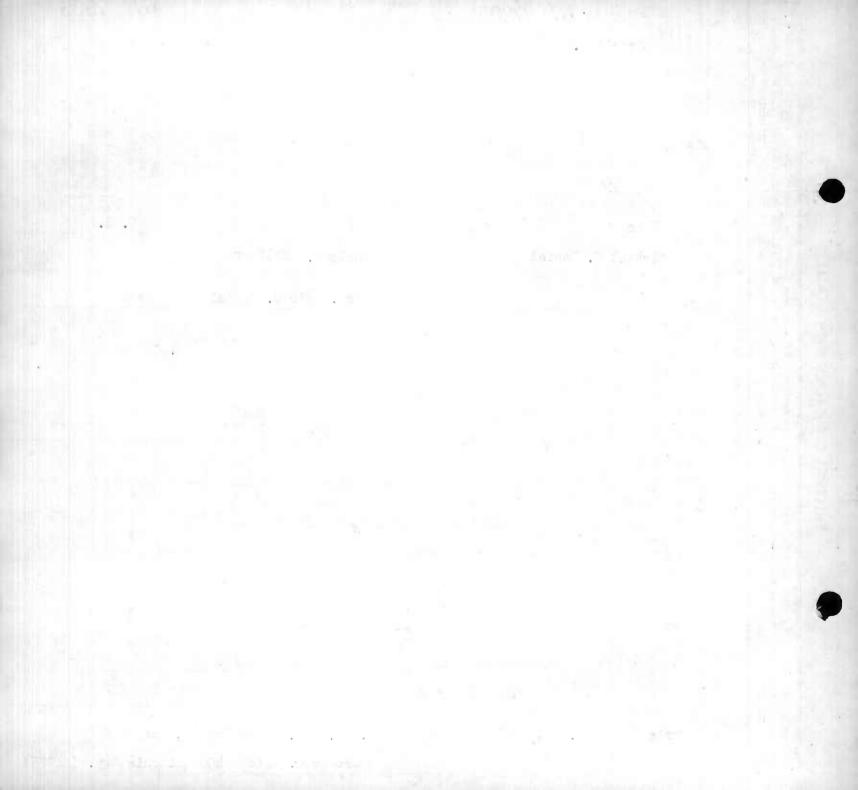
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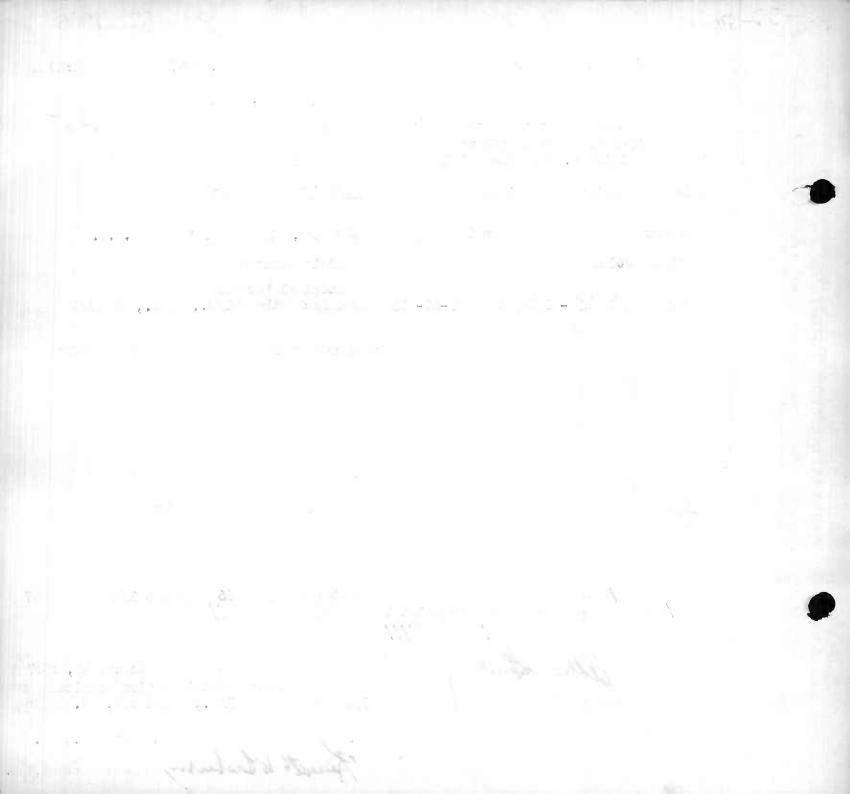


FL	ULL NAME OF DEA	TH IN BALTIMORE, (If not in hosy oddress or local control of the	MARYLAND		Pennsylvani	a, York	institution: residence before odm
IN	7	3900 Loch R	aven Bou		Felton D. STREET ADDRESS	(If rural, give location)	1-35
		Baltimore,			RD # 1	10 405 0	
	ale	White	Divo	ED, NEVER MARRIED WED, DIVORCED (specify) Proed	11/26/13	9. AGE (In years lost birthdoy) 53	Months Doys Hours A
		JPATION (Give kind of working lile, even if reti		OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Farmer			rming	Mhshure No	orth Carolina	U-S-A-
13. F	ATHERS NAM	A E	7.6	of hirting.	14. MOTHER'S MAIDEN	rth Carolina	Uerdelle
	Hilary	Joines			Hallie John	nson	
15. W	Nos Deceased	Ever in U. S. Armed	Forces? dotes of service		VA Hospital H	Records	ADDRESS
	Yes	2/28/45 -	1/22/46	055-42-6338	3900 Loch Ray	ven Blvd. Bal	to. Md 21218
_					OF BEARIE		INTERVAL BETWEE
1	1B. / 4/	9 1		CAUSE	OF DEATH		
1	17	SE OR CONDITION					ONSET AND DEAT
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Stewartstown, Pa.

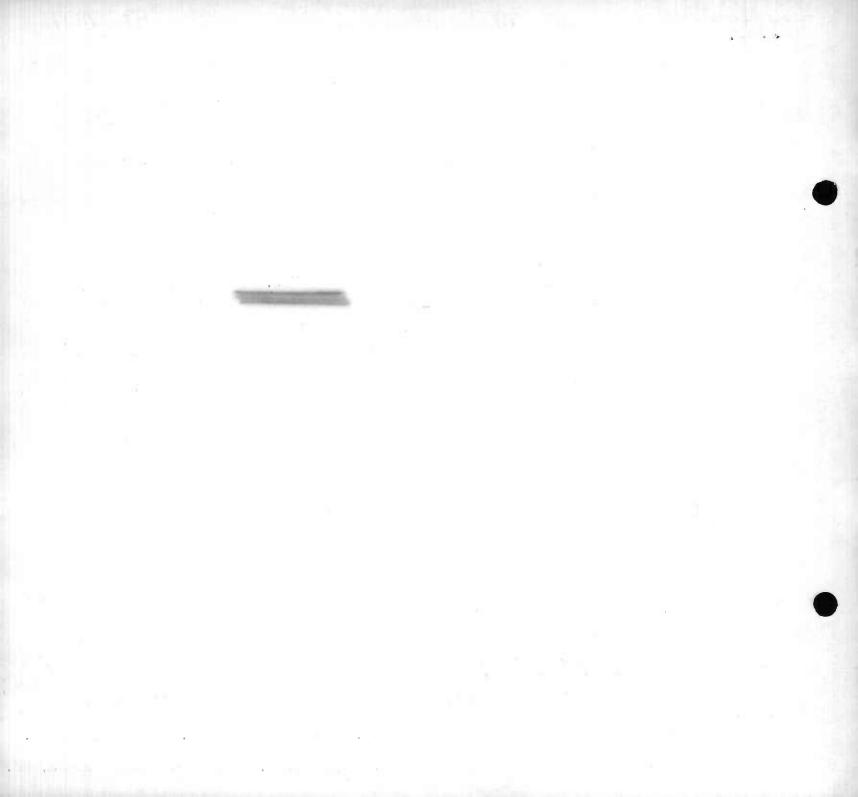
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AUG 18 1967 Robert E. Farleyman

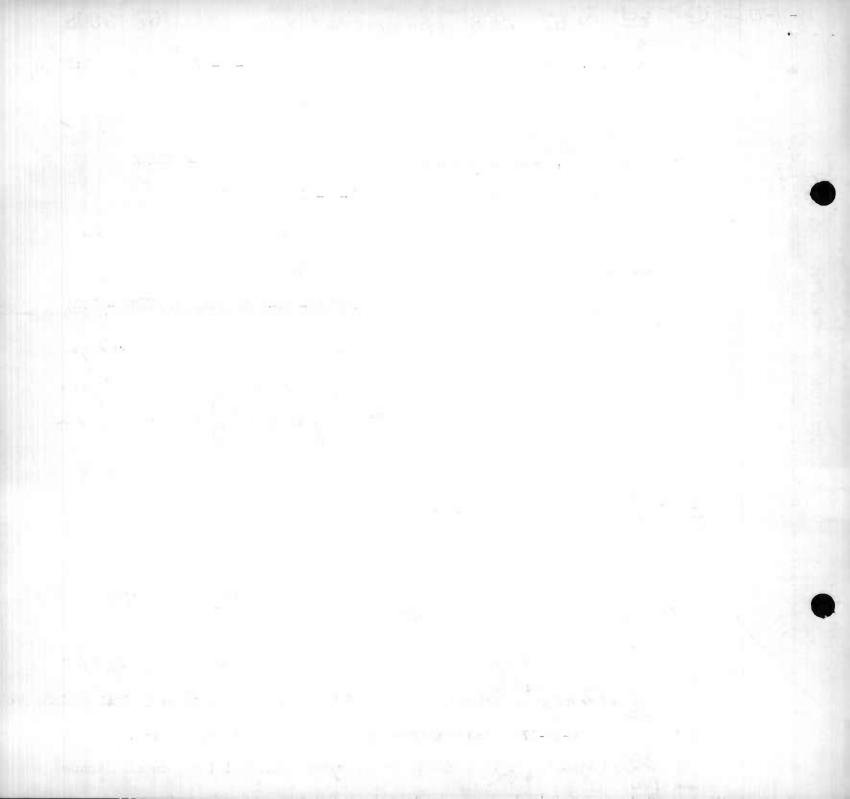


FUNERAL DIRECTOR: IMPORTANT

C) Proj	BALTIMORE CITY	HEALIH DEPAKIMENT	1/	CH HOOM
BIRTH NO. 67	7907 CERTIFICA	TE OF DEATH	Registered No.	67 7907
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or PT) (1 VDE)	T VADAGE	8	- 17-6	7 16:051.
3. PLACE OF DEATH IN BALTIMORE MAR	YLAND	4. USUAL RESIDENCE (When	e deceased lived, If in	restitution: residence before admission)
		A. STATE B. COUN	TY	P D
FULL NAME OF (If not in hospital or HOSPITAL OR address or location)	r institution, give street	MARY/AND	Marylan	
HOSPITAL OR oddress or location) INSTITUTION		1/2001		RURAL and give township)
-10 5	,/	PASAdeNa		52-00
34 DON De	cours Hospital		rurol, give location)	
			ore Driv	
S. SEX 6. RACE	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	12/4/00	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work)		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
ione during most of working life, even if retired)	M.D.	MADULA	ald	II S A
SURGEON 3. FATHER'S NAME	10(- 2)	14. MOTHER'S MAIDEN NAM	AE	0 0 11
REUben KAR	eNS	Irene Garla	,	
5. Was Deceased Ever in U. S. Armed Force	es? 16. SOCIAL	17. INFORMANT TS.	Elaine Kar	ADDRESS
(es, no or unknown) (If yes, give wor or dotes				wife) Same as #4
No one	220-44-7920 CAUSE O	F DEATH		INTERVAL BETWEEN
Toldi.	120	ngestive Failur	0	ONSET AND DEATH
DISEASE OR CONDITION DIRE	A.	Jan Collar		YEARS
(This does not meen the mode of	dying, e.g., DUE TO	S.C.V.D		1 2717.2
hearl foilure, osthenio, etc. il meons l	lhe disease,			
injury or complication which coused o	deom.)			
ANTECEDENT CAUSES	DUE TO	000000000000000000000000000000000000000		
DISEASES OR CONDITIONS, if of				
rise to the above cause (A) UNDERLYING CONDITION lost.	sloling the (C)			
11				
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.				
	TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. COND	JKMED	none	IN CERTIFYING CA	AUSES OF DEATH!
J 21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	thice bidg., INJURY OCCUR?		
٠ .	(Hour) 215 INITIAN OCCUPATO	21F. HOW DID INJ	IIIN OCCUPS	
OF INJURY	(Hour) 21E INJURY OCCURRED While At Not Whi		OKI OCCOR!	
(APPROX.)	While At Not While Work At Work			
22. I certify that (1) (this hospital)	ottended the deceased from	8-14	19 67 10	8-17 19 67.
that (I) (we) lost sow the deceased	lalive on 6:05AM. 2-11	7 10 /7	at in my (aus) ==	
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and hour and from the causes state	obover((I) (We) (did) (did not)	riew the body ofter deoth.		
23A. SIGNATURE BULLET	, K	A4 1	S	23B. DATE SIGNED
Egung la	plane M.D. Att	ending Med. Director	Stoff Phys.	8-17-61
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		8-17-67 2026 W Fayeth OSPITO / BALTO. Md.
BYUNG	KAP KANG M.D.	Bon So	cours He	ospital Range
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR			City, town, or county) (Stote)
REMOVAL (Specify)				
	21/67 Meadowridge M			Elkridge, RFD Md.
	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
AUG 18 1967	Color E. Janka MA	O Richard V	Singleton	Glen Burnie, Md



VS 150-REV. 1/1/65



a hospital and

BIRT	н но. 67.	791	11	TE OF DEATH	Registered Na	67 7910
1, N	CASE NO.		CERTITION		AND HOUR OF DEATH	
(TY)		IENRY		AUG	UST 17, 19	67 12:10A _M
	TLAGNES HOSPILITAL GENES AND CATON		give street	A. STATE B. COL	nere deceased lived, if i	institution: residence before admission)
B	GALTIMORE MARYLAND	21229	9	BALTIMORE	21227 If rurol, give location)	RURAL ond give township) 3
-(STONE ROAD	
	ALE WHITE	MARR		B. DATE OF BIRTH 09/22/98	9. AGE (In years lost birthdoy) 68	ff Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done	USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) [achinist		house Elec.	MASSACHUSE		12. CITIZEN OF WHAT COUNTRY?
	RANCIS VALCOURT			14. MOTHER'S MAIDEN N		arde
	Vas Deceased Ever in U. S. Armed Forc ,no or unknown) (If yes, give wor or dotes		015 03 707	17. INFORMANT ST AGNES	HOSPITAL W	ADDRESS ILKENS AVE 21229
	1B.600,01		CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
ATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if crise to the above cause (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS	slating the ONTRIBUTING TED TO TH	(C)	ONE PHRITIS		
ERTIFIC	19A. DATE OF OPERATION 19B. CONE		WHICH OPERATION	YES	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. hom etc.)	e, form, foctory, street, of	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimo	ore City, give exoct locotion)
	21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)		TINJURY OCCURRED The At Not While At Work	21F. HOW DID II	NJURY OCCUR?	
	22. I certify that (I) (this hospital) that (I) (we) lost sow the decease and hour and from the causes state 23A. SIGNATURE	d olive on	AUGUS1 1 /) (We) (did) (did not) v	iew the body ofter death	•	oinion death occurred on the date
	23C.PHYSICIANS GABRITELA BRAUN		Phy:	Med. Director 23D. ADDRESS ST AGNES HOS	Stoff Phys. PTIAL WIL	8-17-67 KENS AVE 21229
24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 8-19-67		dowridge Memo			City, town, or county) (Stote) ty, Maryland
25A	DATE REC'D BY HEALTH DEPT.		9			

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GENERAL CHANGESTAND COLORS

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IMPORTANT

DIRECTOR:

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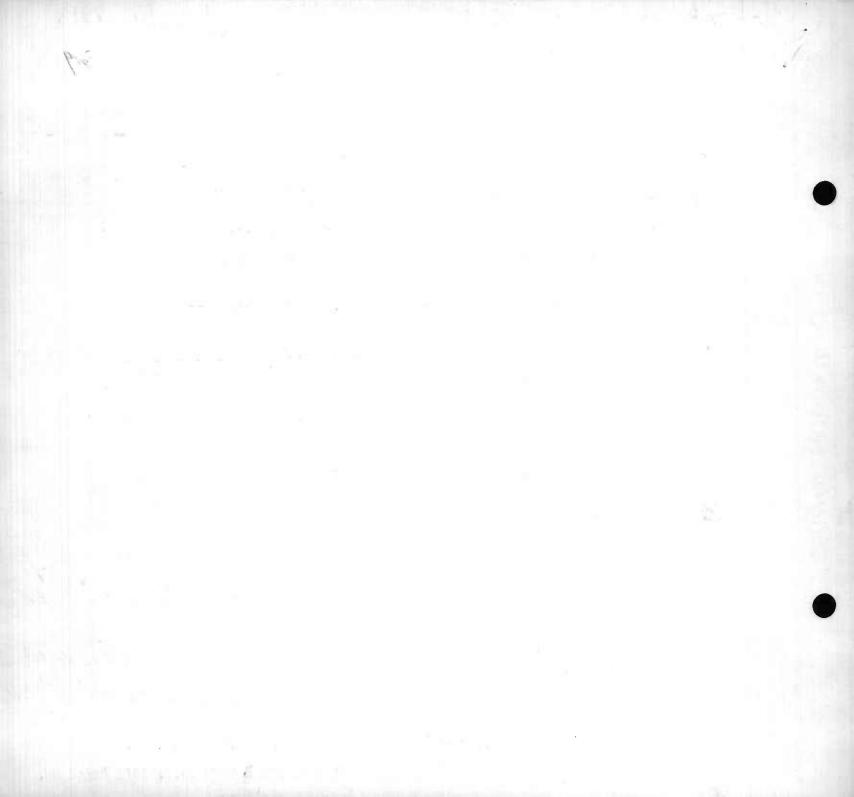
2		n no4	BALTIMORE CITY	HEALTH DEPARTMENT		67 7912
BIRTH NO.		7 791	CERTIFICA	TE OF DEATH	Registered No.	01 1010
M.E. CASE NO I, NAME OF D Type or Print)	ECEASED	Z, Morris		2. DATE	AND HOUR OF DEATH	5:00 P
B. PLACE OF	DEATH IN BALTIMORE, A	ARYLAND		4. USUAL RESIDENCE		stitution: residence before admission
FULL NAME	R oddress or local	ol or institution, gr tion)	ve streel	Maryland		RURAL and give township)
INSTITUTION	Veterans Administration Hospital				outline city minis, while	27-20
2/	3900 Loch Ra Baltimore, 1		1218	2606 Labyri	(If rurol, give locotion) nth Road	
Male	6. RACE White	7. MARRIED, Nover	IEVER MARRIED DIVORCED (specify)	3/22/ 1901	9. AGE (In years lost birthday)	If Under 1 Yr. (f Under 24 Hrs. Months: Doys Hours Min.
done during most	ol working life, even if retired			11. BIRTHPLACE (Stole of	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mutual 3. FATHER'S N		1000010	· OA	14. MOTHER'S MAIDEN	NAME	
Harry :	Lipsitz			Leah Rosenti	nal	
5. Was Decease Yes, no or unkno	sed Ever in U. S. Armed (lif yes, give wor or dispersion) 12/5/42 to	otes of service)	6. SOCIAL SECURITY NO. 212-16-9045	VAH, Baltimor	ords e, Maryland	ADDRESS 21218
18.3	3/XI		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
Disi	EASE OF CONDITION I		Cere	bro-vascular	accident.	20 hours
	s nal meon the made re, asthenio, etc. 11 meo		DUE TO		<u> </u>	
	camplication which caus	ed death.)		ATORENAL syndr	ome	3 weeks
DISEASES	ANTECEDENT CAUS		DUE TO			00 000 000 0 0 0 0 0 0 0 0 0 0 0 0 0 0
rise la	OR CONDITIONS, it is the obove couse (A ING CONDITION last.			eriosclerosis r extremity wi		
OTHER SIG	II GNIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO THE	left	foot		
		ONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes o	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTR	DENT WAS UNDERLYING IBUTING CAUSE OF Hily medico(exominer)	21 B. P home etc.)	LACE OF INJURY (e.g., in form, foctory, street, of	n or obout 21C. WHERE DI	O (If in Boltimore)	e City, give exoct location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yea	(Hour) 21E. (While Work		e 🦳	INJURY OCCUR?	
22. I cert	ify that 🎉 (this hospi		1-4	Ly 25	19 67 to Aug	ust 15, 19 67
				19 67 one	that in (📆) (our) opi	nion deoth occurred on the dot
		toted obove. 🕮	(We) (did) (2000) v	lew the body ofter dec	th.	
23A. SIGNA	ATURE			AA-4	- 11	23B. DATE SIGNED
DOC BLIVE			Phy		Stoff Phys.	August 16, 1967
PHYSIC NAME	ERNEST	OR SMIT			ans Administr more, Marylan	ation Hospital
AA. BURIAL C	REMATION, 24B. DATE	24C.NA	ME OF CEMETERY OF CRI	MATORY 241	, LOCATION (C	ity, town, or county) (State)
BURIAL	8/16/6	57/1	likro Kodesh	Cemetery 25C. FUNERAL DIREC	Baltimore A	Maruland
SA. DATE REC	C'D BY HEALTH DEPT.	258. NAME OF	REGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS
VS 150-REV. 1.	AUG 18 196	7 R. Sali	E StaileuM.	DOOR LEAINSON	RKOS INC.	6010 Reist. Rd.

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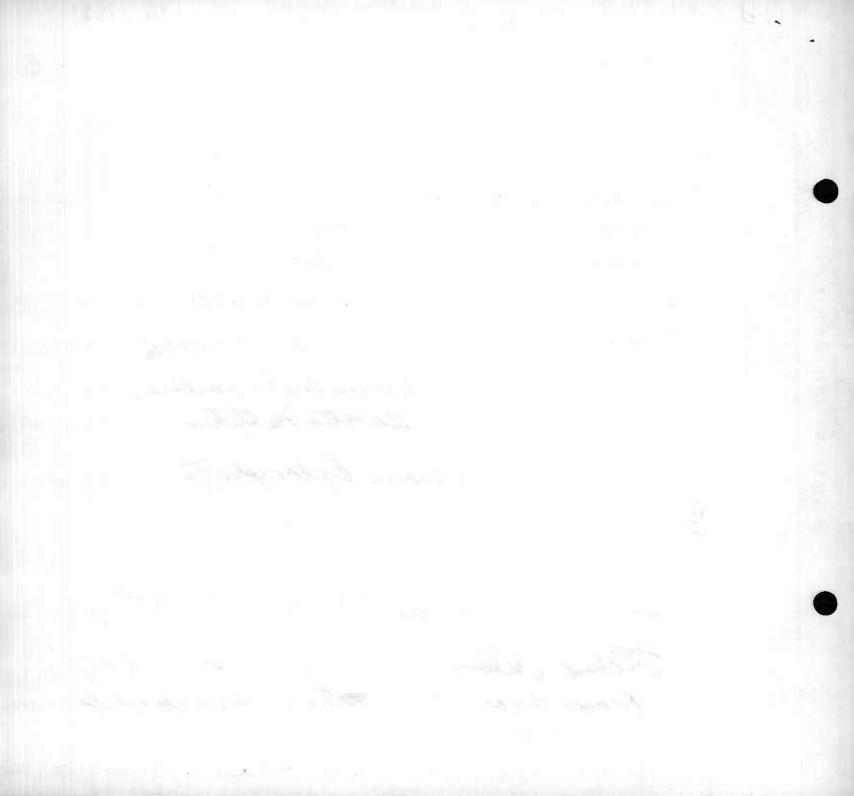
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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.C.A. at a nospital (except where the physician who prohounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be a	shows: (1) An accident of	deceased prior to death)	written approval must b

16 67	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 7019
BIRTH NO.	7913 CERTIFICA	ATE OF DEATH	Registered No	1313
M.E. CASE NO.	CERTIFICA			
Type or Print)	ESSLER	2. DATE A	ND HOUR OF DEAT	RIM 49
PLACE OF DEATH IN BALTIMORE, MA		14. USUAL RESIDENCE (Wh	ere deceased tived. If	institution; residence before admission
		A. STATE B. COU	NTY	
FULL NAME OF (If not in haspital of HOSPITAL OR address of location	or instilution, give street	Maryland		
INSTITUTION	C. CITY OR TOWN (If autside city limits, write RURAL and give towaship)			
SINAI HOS	Baltimore D. STREET ADDRESS (If rural, give location)			
42			f rural, give location)	
		3128 Howard	Park Ave.	
Mara 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9, AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
ace nuce	Married	Sept 23,1915	51	
A, USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)			,	12. CITIZEN OF WHAT COUNTRY?
Director	Social Security	Brooklyn, N.Y. USA		
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
SAMUEL KESS	SLER	ROSE MERMELSTEIN		
Was Deceased Ever in U. S. Armed Ford	ces? 16. SOCIAL	17. INFORMANT		ADDRESS
es, na ar unknawn) (If yes, give war ar date:	s of service) SECURITY NO.			
Yes WW 2 Navy	219-42-6002	Mrs. Bernice	Kessler	Same
1B. 13 5 1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY	+1.		0
LEADING TO DEATH	(A) /Ye	current lase	income.	about Laurah
(This does not mean the mode of heart failure, asthenia, etc. It means	the disease,	right colon	Mareina	ma
injury at complication which caused	death,)	Type Course	Country	1.
ANTECEDENT CAUSES	(B)		0 4 0 7 0 7 0 0 0 0 0 0 7 0 0 0 0 0 0 0	
DISEASES OR CONDITIONS, if				
use to the above cause (A)	stoling the (C)			
ONDERENING CONDITION IGSI.				
OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING	1 1		
TO THE DEATH BUT NOT RELA	TED TO THE CAC	hedia		
	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes) ar N	la) 208, IF YES. WER	E FINDINGS CONSIDERED
8.19/67 WAS PERF			IN CERTIFYING C	E FINDINGS CONSIDERED :AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218, PLACE OF INJURY (e.g.,	in ar about 21C. WHERE DID	(If in Boltim	are City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, form, factory, street,	office bldg., INJURY OCCUR?		,, ,
21D. TIME (Month) (Day) (Year) OF INJURY		21E, INJURY OCCURED 21F. HOW DID INJURY OCCUR?		
(APPROX.)	While At Not White At Work			2
22, I certify that (I) (this hospital) attended the deceased from	hills 11	1967 to 6	luget 14 1967
that (1) (we) lost saw the decease	1 1	U. 1 10 119 and		pipion death occurred on the date
, –			· · · · · · · · · · · · · · · · · · ·	provided in occurred on the don
ond hour and from the couses stat	ed above. (I) (We) (did) (did not)	view the body ofter deoth	•	
23A. SIGNATURE	M.D. AI	llending Med.	Stoff 1	23B. DATE SIGNED
Ilsero Mil		ys. Director	Phys.	8/14/0/
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1.70	OB IT WALL
	M, D.	1 /o dimai /	topilal o	& Ballimore 191
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CE	REMATORY 24D.	LOCATION	(State)
REMOVAL (Specify)				
BURIAL 8/16/6	7 King David Memor	ial Park	Falls Chirc	h, Va. ADDRESS
ALLO 4 0 4007	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	4.3	
AUG 10 196/	Charle E. JakeuMa	SOL LEVINSON	& BROS IN.	C. 6010 Reist Rd.
'S 150~REV, 1/1/65				



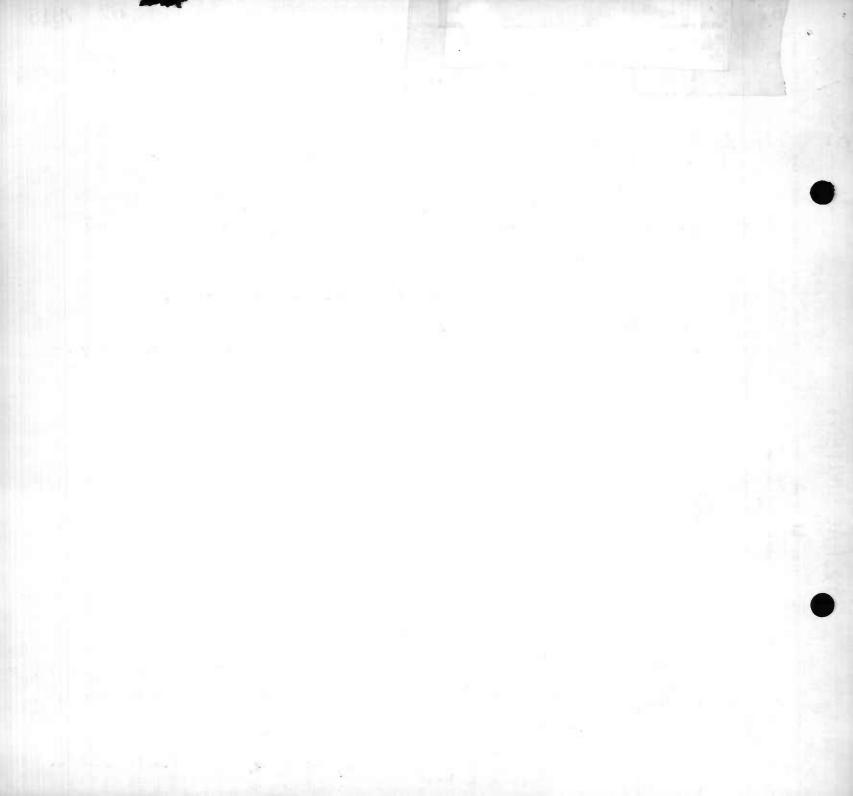
F	37 704 4	Y HEALTH DEPARTMENT	67 7914	
IRTH NO.	CERTIFICA	ATE OF DEATH Registered No.		
NAME OF DECEASED		2. DATE AND HOUR OF DEATH	1	
Type or Print)	BEIL-	8/15/63	10:52 A.	
PLACE OF DEATH IN BALTIMORE,	MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admissio	
FULL NAME OF (If not in hosp	sited as institution over stone	Maryland		
HOSPITAL OR oddress or loc	oitol or institution, give street	C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location)		
Sinai Hosp	ital			
40		3800 Fordleigh Road		
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yı., If Under 24 H Months; Doys Hours; Min.	
Female White	WIDOWED, DIVORCED (specify) Widow	82	Monms Doys Hours Min.	
A. USUAL OCCUPATION (Give kind of	work 108, KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF	
one during most of working life, even if retir		Russia	WHAT COUNTRY?	
Housewife FATHERS NAME	At Home	14. MOTHERS MAIDEN NAME	usn	
	0 01			
	Dagold	Ida ?		
. Was Deceased Ever in U.S. Armedes, no or unknown) (If yes, give war or	dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
No		Mr. Nathan Abell- 6311 Wallis Agenue		
18. 7/ / X	CAUSE	OF DEATH	INTERVAL BETWEEN	
DISEASE OF CONDITION	DIRECTLY		ONSET AND DEATH	
LEADING TO DEA	14 -	OCARDIAL INFARCT	my 13 days	
ANTECEDENT CAL DISEASES OR CONDITIONS, iise to the above couse UNDERLYING CONDITION last.	if any, giving (A) stoting the (C)	inbetes mollitus	many Get	
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI	RELATED TO THE	ic Prelonephritis	many can	
19A. DATE OF OPERATION 198.	CONDITION FOR WHICH OPERATION PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?	
21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	1G 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimo	ore City, give exact location)	
21D. TIME (Month) (Doy) (Y	eoi) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
(APPROX.)				
	Work At Work	nt a	2/10	
	pital) attended the deceased from	8/ 7	8/15 19.63	
that (I) (we) tast saw the deci	eased alive an 7/12	19 6 2 and that in(my) (our) of	pinian death accurred an the a	
and haur and from the causes	stated abave. (1) (We) (did) (did-not)	-view the bady after death.		
23A. SIGNATURE	129		23 B. DATE SIGNED	
(techsod)	Ma Con M.D. A	ttending Med. Stoff Phys.	8/15/2	
23C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type)	M.D. M.D.	. To Sura : Man are	BI OF PAIR	
A. BURIAL CREMATION, 248. DAT	MATON	200 11/4 1403 P1/1	City, town, or county) (State	
REMOVAL (Specify)				
	16/67 Anshe Emunah	Baltimore, M		
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS	
AUG 18 1967	Or Berto E Starber Hill	Soll. Levinson & Bros, Inc. 6	6010 Reisterstown	
150-REV, 1/1/65	4			



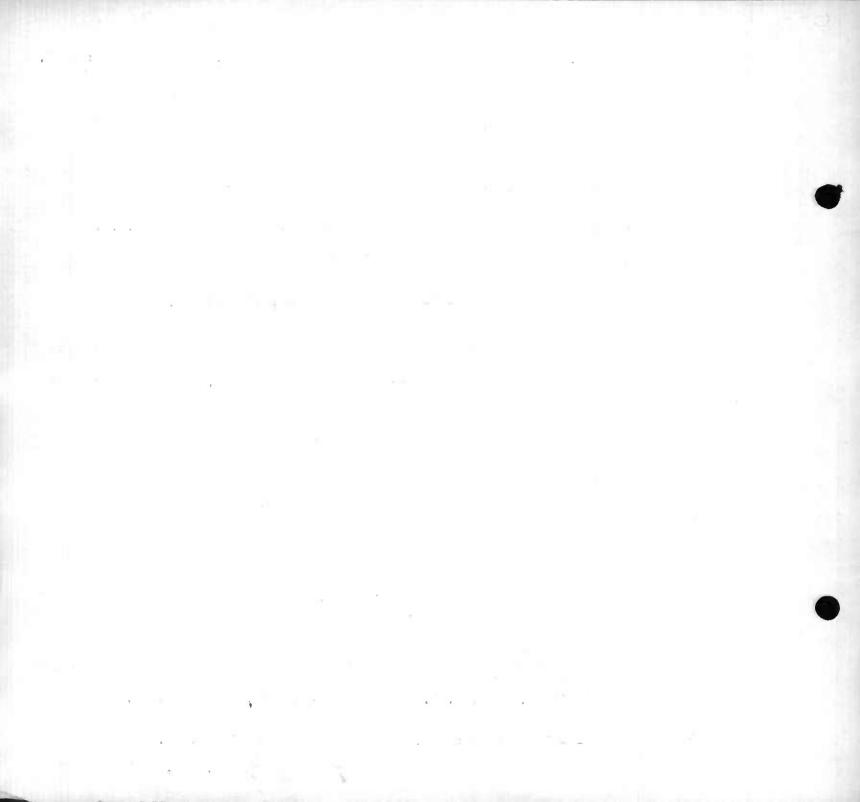
IMPORTANT

DIRECTOR:

FUNERAL

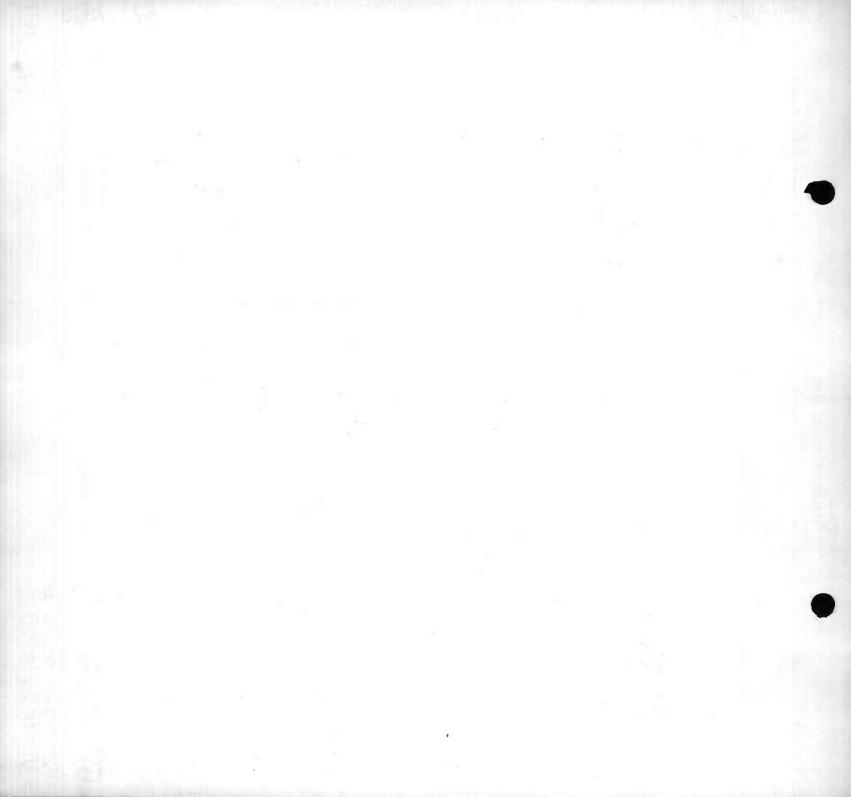


.NAME OF Type or Print)		TSON			August 1, 1967	6:00 A.
FULL NAM		l ar institution,	give street	4. USUAL RESID A. STATE Turners	B. COUNTY Station, Marylan	d Bull Co
HOSPITAL INSTITUTIO			oital			RURAL and give township)
. SEX	6. RACE	7. MARRIED	D, NEVER MARRIED	8. DATE OF BIRTI		If Under 1 Yr. , If Under 24 Hr:
Male	Negro	MIDOMI	ED, DIVORCED (specify)	10/5/190	lost birthdovi	Months Doys Hours Min.
lone during mo	OCCUPATION (Give kind of we lest of working life, even if retired) hem Steel		of Business or Industry		Stote or foreign country) ox, Virginia	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS	Name Watson			14. MOTHERS M Mattie G		
	nown) (If yes, give wor or do		16. SOCIAL SECURITY NO. 213-07-6607	17. INFORMANT Mary Wat	son, 131 Oak Stre	ADDRESS
18.	201/1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DI	SEASE OR CONDITION D	IRECTLY	*			10 hours
	LEADING TO DEATH	1	(A) Coro	nary Thro	mbos1s	TO HOULS
(This do hearl foil injury or	LEADING TO DEATH es not meon the mode of lure, osthenio, etc. It meon complication which couse ANTECEDENT CAUSE S OR CONDITIONS, if	of dying, e.g s the disease d death,)	DUE TO Arte (B) DUE TO	****************	tic Heart D.	6 years
(This do heart fair injury or DISEASE rise to UNDERL TO THE TO THE DISEASE	es not meon the mode of lure, osthenio, etc. It meon complication which cause ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A.YING CONDITION tost.	of dying, e.g s the discost d deoth.) S ony, giving the story of the	Arte (B) DUE TO (C) NG Peptic Ulce	eriosclero	tic Heart D.	6 years
(This do heart fair injury or DISEASE rise to UNDERL TO THE TO THE DISEASE	es not meon the mode of lure, osthenio, etc. If meon complication which cause ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A YING CONDITION tost.	of dying, e.g s the discost d deoth.) S ony, giving the story of the	DUE TO Arte (B) DUE TO G (C)	riosclero	tic Heart D.	**************************************
(This do heart for injury or DISEASE rise to UNDERL DISEASE TO THE TO THE DISEASE	es not meon the mode of lure, osthenio, etc. If meon complication which cause ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A YING CONDITION tost.	of dying, e.g s the disease d death.) S ony, giving the story story story that the story that t	Arte (B) DUE TO (C) NG Peptic Ulce	20A. AUTOPSY	(Yes or No) 208. IF YES, WERE IN CERTIFYING CA	6 years
OTHER STANDARD	es not meon the mode of lure, osthenio, etc. It meon complication which couse ANTECEDENT CAUSE SOR CONDITIONS, if the above cause (AYING CONDITION Iost.	of dying, e.g s the disease d death.) S ony, givin, sloting the CONTRIBUTINATED TO T IT. NOITION FOR REFORMED 21 had et	DUE TO Arte (B) DUE TO G (C) WHICH OPERATION B. PLACE OF INJURY (e.g., ir me, form, foctory, street, of	20A. AUTOPSY n or obout 21C. We included bidg., INJURY	(Yes or No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
VOICE TO THE STATE OF INJUING APPROX. (This do hearl for injury or	es not mean the mode of the control of the course of the c	of dying, e.g s the discost d deoth.) Sony, giving the discost of	Arte (B) DUE TO Ge (C) WHICH OPERATION B. PLACE OF INJURY (e.g., is me, form, foctory, street, of c.) E. INJURY OCCURRED (hile At	20A. AUTOPSY 1 or obout 21 C. Whise bidg. INJURY 21F. HO	TYPES OF NOT 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? The City, give exact location)
VOILE OF INJU (APPROX. 22. I cei that (1) and hau 23A. SIGN 123C. PHY:	es not meen the mode of the control of the course of the c	of dying, e.g. s the disease d death.) Sony, giving the CONTRIBUTITY of the control of the cont	Arte (B) DUE TO OF (C) NG HE Peptic Ulce WHICH OPERATION B. PLACE OF INJURY (e.g., in me, form, foctory, street, of c.) E. INJURY OCCURRED (hile At Not Whill At Work) the deceased from August 1, (I) (We) (did) (did not) v M.D. Alte Phy	20A. AUTOPSY 20A. AUTOPSY 21F. HO	TY (Yes or No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUGUST 1, 1967 Inian death occurred an the do 238 DATE SIGNED August 3, 1967
VAA. BURIAL	es not meen the mode of the control of the course of the c	of dying, e.g s the discost d deoth.) Sony, giving stoling the CONTRIBUTITATED TO TOTATE. ON CONTRIBUTION FOR REFORMED ON CHOUN 21 WW. W. W. ON CONTRIBUTION FOR REFORMED ON CONTR	Arte (B) DUE TO OF OF OF OF OF OF OF OF OF	20A. AUTOPSY 1 or obout 21 C. White bidg. INJURY 21F. HO 21F. H	TYPES OF NOT 208. IF YES, WERE IN CERTIFYING CAMERE DID OCCUR? W DID INJURY OCCUR? 1945 ta and that In (my) (aur) apter death. Stoff Phys. Avenue, Baltimore	FINDINGS CONSIDERED AUGUST 1, 1967 Inian death occurred an the do 238. DATE SIGNED August 3, 1967



BIRTH NO.	1911 CERTIFICA	ATE OF DEATH Registered	No. 67 7917
1, NAME OF DECEASED		2. DATE AND HOUR OF D	EATH
CATHERINE LE	VISE ROCHE	8-11-67	9 A
3. PLACE OF DEATH IN BALTIMORE, A	MARYLAND	4. USUAL RESIDENCE (Where deceased live	d. If institution: residence before admission
FULL NAME OF (If not in hospit	of or institution, give street	C. CITY OR TOWN (If outside city limits,	
INSTITUTION	noti/		write RURAL and give to waship)
4		D. STREET ADDRESS (If rurol, give locoti	on)
UNION MEMOR	RIAL HOSPITAL	5013 FALLS RD T	ERRACE
6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In year	s If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
FEMALE WHITE		12-20-89 77	
OA, USUAL OCCUPATION (Give kind of was done during most of working life, even if retire		Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	MARYLAND	0.5,
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JAMES ROCHE		CATHERINE MC	CCABE
5. Was Deceased Ever in U. S. Armed Yes, no or unknown) (If yes, give war or d	otes of service) SECURITY NO.	17. INFORMANT	ADDRESS
No	2+6-44-113	8 HOSPITAL ADMIS	SION HISTORY
18. 330 XI	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DEAT		1184000111010 115	MADDINAT F DAY
(This does not mean the made	di cying, e.g.,	SUBARACHNOID HEI	TORRHAGE 3 PAIS
heart failure, asthenia, etc. It med injury at camplication which cous			
ANTECEDENT CAUS	ES (B)		
DISEASES OR CONDITIONS,	l any, giving		
rise to the above couse (/ UNDERLYING CONDITION lost.	A) slating the (C)		
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN			
DISEASE OR CONDITION CAUSIN		20A. AUTOPSY? (Yes or No.) 20B. IF YES.	WERE FINDINGS CONSIDERED
	ERFORMED	N O IN CERTIFYIN	G CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.	in or about 21C. WHERE DID (If in B	ollimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	
O 21D. TIME (Month) (Doy) (Ye	ar) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	14-
OF INJURY (APPROX.)	While At Not W	nile h	
22. I certify that (1) (this haspi		AUGUST 6 19 67 to	AUGUST 11 1967
that (1) (we) last saw the dece	sed alive an AUGUST	11 19 67 and that in (my) (au	r) apinian death accurred an the da
	tated abave. (I) (We) (did) (did nat)		
23A. SIGNATURE	(4.0)	333, 333,	23B. DATE SIGNED
B. E. C	The M.D. A	ttending Med. Stoff Phys.	AUGUST 11 19
23C. PHYSICIAN'S B. E. CAT	HFY	23D. ADDRESS THE UNION ME	MORIAL HOSPITAL
R. F. C	ATHEY M.		I HOSPITAL
24A. BURIAL CREMATION, 24B. DATE	24C. HAME of CEMETERY OF C	REMATORY 24D LOCATION	(City, town, of county) (Stote)
RENOVAL (Specify)	14197 Hamila	Luckemate With	will & my
25Å. DATE REC'D BY HEALTH PEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADJORES
AUG 18 196	1 R. O. B. E. Failer	mark De 11	ewill Kikesvill.
\$ 150-REV. 1/1/65	THE PARTY OF THE P	Juliane III	8 34

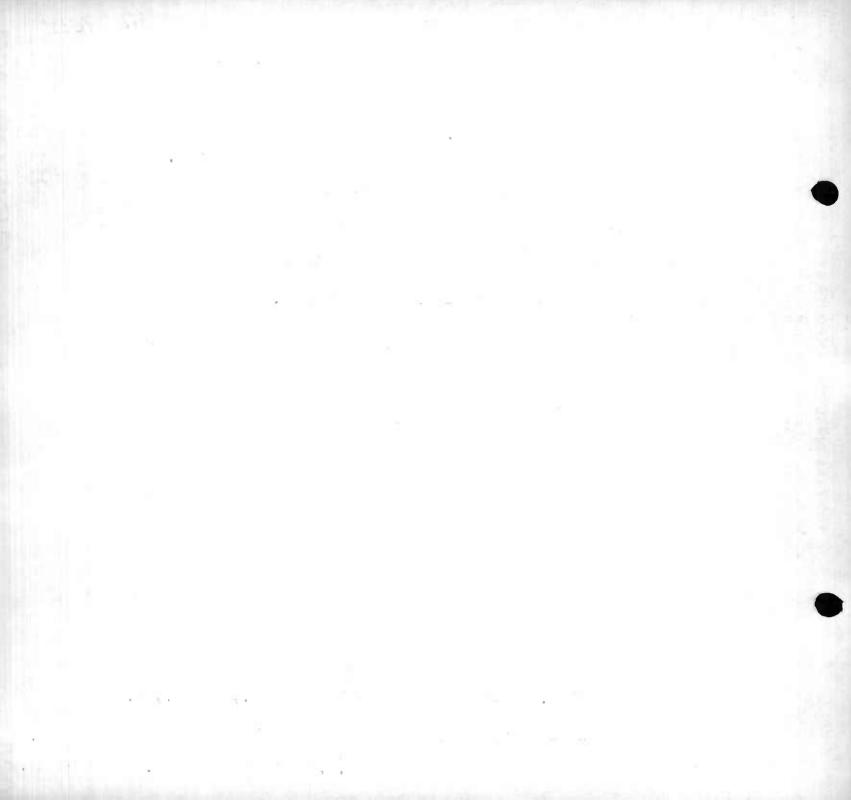
BALTIMORE CITY HEALTH DEPARTMENT



TE CORNEL TO THE REPORT OF THE PARTY OF THE Y



	AME OF DEC	Angela	Sago	oulas			16, 1967		6:00 4
3. PL	ACE OF DEA	ATH IN BALTIMORE, MA	_	0 00,11 00 10	14. USUAL RESIDENCE	E (Where	deceased lived. If i		-
	ULL NAME O	F (ff not in hospitof oddress or location		, give street	Maryland	COUNT	/	21	olive terrestic)
) D	ISTITUTION	3512 Green	mount	Ave.	Baltimor	re	urol, give location)	ROKAL ONG	give lownship/
					3512 Gre	enmo	ount Ave.		
5. SE		6. RACE	WIDOWI	D, NEVER MARRIED ED, DIVORCED (specify) OWOO	1-12-1889	11.	. AGE (In years ost birthday)	If Under Months	Yr. If Under 24 Doys Hours Mir
			1	F BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote	e or foreig	n country)	12. CITIZI	EN OF T COUNTRY?
	essfi	working life, even if retired)	Clot	hing	Greece			Gre	
	ATHER'S NAM		0200		14. MOTHER'S MAID	EN NAM	\E		
0	deorge	Mentis			Penelope	Э	?		
5. W	as Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS
No		, , , , , , , , , , , , , , , , , , ,		216-10-079	A Steven	G. S	tamas		Above
1	1B. 4	0.0			DF DEATH				NTERVAL BETWEEN
	heort foilure, injuly or com	not mean the mode of osthenio, etc. It means application which coused ANTECEDENT CAUSES OR CONDITIONS, if	the disease death.)	(B)	sic-sclovet				
CATION	heort foilure, injuly or com DISEASES Crise to the UNDERLYING OTHER SIGNITO THE D	osthenio, etc. It meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION lost. Il IFICANT CONDITIONS CAUSING ACCOUNTION CAUSING ACCOUNTING ACCOU	ony, giving stoting the CONTRIBUTINATED TO TIT.	(B) DUE TO G (C) [17]	20A. AUTOPSY? (Ye	ocol"		FINDINGS (CONSIDERED EATH?
CERTIFICATION	DISEASES C rise fo the UNDERLYING OTHER SIGNI TO THE D DISEASE OR 19A-DATE OF	osthenio, etc. It meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION lost. IFICANT CONDITIONS CONDITION CAUSING IT CONDITION CAUSING TO PERATION [198, CON	ony, giving stoling the CONTRIBUTINATED TO T.T. In the disconnection of the contribution of the contribut	B, (B) DUE TO G (C) AT NG HE WHICH OPERATION B. PLACE OF INJURY (e.g., rme, form, foctory, street, company, street, compa	20A. AUTOPSY? (Ye NO in or obout 21 C. WHERE	es or No)	208. IF YES, WERE IN CERTIFYING CA	E FINDINGS (AUSES OF D	CONSIDERED EATH?
MEDICAL CERTIFICATION	heort foilure, injury or com DISEASES Crise to the UNDERLYING OTHER SIGNITO THE D DISEASE OR 19A-DATE OF CONTRIBL DEATH (notify 21 D- TIME OF INJURY)	osthenio, etc. It meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION lost. IFICANT CONDITIONS CONDITIONS CONDITION CAUSING CONDITION CAUSE CA	the discose deoth.) ony, giving stoling the stoling t	B, (B) DUE TO G (C) (A) NG HE WHICH OPERATION B, PLACE OF INJURY (e.g., rime, form, foctory, street, c.) E. INJURY OCCURRED	20A. AUTOPSY? (Ye NO in or obout 21C. WHERE office bidg., INJURY OC	es or No)	208. IF YES, WERE IN CERTIFYING CA	E FINDINGS (AUSES OF D	EATH?
MEDICAL CERTIFICATION	DISEASES CONTROL OTHER SIGNITO THE DISEASE OR 19A-DATE OF 21A-ACCIDER OF CONTRIBL DEATH (notify 21D-TIME OF INJURY 1APPROX.)	osthenio, etc. It meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION lost. IFICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING IT OPERATION 19 B. CONWAS PER NT WAS UNDERLYING DITING CAUSE OF medical examiner) (Month) (Doy) (Year)	ony, giving stoting the CONTRIBUTINATED TO T IT. Office Formed (Hour) 21 WW	B, (B) DUE TO Ge (C) AT NG HE WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, c.) E. INJURY OCCURRED (hile At Not Which At Work	20A. AUTOPSY? (Ye NO in or obout 21C. WHERE office bidg., INJURY OC	Es or No) DID CUR?	208. IF YES, WERE IN CERTIFYING C. (If in Boltimo	E FINDINGS AUSES OF D	EATH?
MEDICAL CERTIFICATION	DISEASES COMES OF THE DESCRIPTION OF THE DESCRIPTIO	osthenio, etc. It meons application which coused ANTECEDENT CAUSES OR CONDITIONS, if e abave couse (A) G CONDITION lost. IFICANT CONDITIONS COMEATH BUT NOT RELACEDENT NOT RELACEDENT NOT RELACEDENT NOT RELACEDENT NAS UNDERLYING TO MAS PERIOR (Month) (Doy) (Year) That (I) (this hospital lost saw the decease	ony, giving stoting the control of t	B. PLACE OF (NJURY (e.g., form, foctory, street, fork). E. INJURY OCCURRED (hile At Not Work	20A. AUTOPSY? (Ye No in or obout 21C. WHERE office bldg,, INJURY OC 21F. HOW E	es or No) DID CUR?	20B. IF YES, WERE IN CERTIFYING CA	E FINDINGS AUSES OF D	exoct locotion)
MEDICAL CERTIFICATION	DISEASES CONTRIBUTION OF CONTR	osthenio, etc. It means application which coused ANTECEDENT CAUSES OR CONDITIONS, if a abave couse (A) G CONDITION lost. IFICANT CONDITIONS OF CONDITIONS CONDITION CAUSING IT CONDITION CAUSE OF CONDITION CAUSE OF CONDITION (Month) (Doy) (Year) That (I) (this hospital last saw the decease of from the couses started its	ony, giving stoting the control of t	B, DUE TO Ge (C) [A] NG HE WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, oc.) E. INJURY OCCURRED While At Not White At Work At Work (I) (We) (did) (did not)	20A. AUTOPSY? (Ye No in or obout 21C. WHERE office bldg,, INJURY OC 21F. HOW E	DID CUR?	20B. IF YES, WERE IN CERTIFYING CA	E FINDINGS of AUSES OF D One City, give	exact location)
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MEDICAL CERTIFICATION	DISEASES CONTRIBUTION OF CONTR	osthenio, etc. It meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION lost. INTEGENT CONDITIONS CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSE OF medical examines) (Month) (Doy) (Year) that (I) (this hospital last saw the decease of from the causes stage of the cause of t	ony, giving stoling the discosed deoth.) ONTRIBUTING TO	B, DUE TO Ge (C) [J] NG HE WHICH OPERATION B, PLACE OF INJURY (e.g., rime, form, foctory, street, oc.) E. INJURY OCCURRED (hile At Not Wh ork The deceased fram (I) (We) (did) (did not) M.D. At Ph	20A. AUTOPSY? (Ye No in or obout 21C. WHERE office bidg., INJURY OC 21F. HOW E 19 6 7 view the body after tending Med. pirecto 23D. ADDRESS 5111 YOP	DID INJU	208. IF YES, WERE IN CERTIFYING CA	E FINDINGS of AUSES OF D Dore City, give Dinion death 238. DATE Aug.	exact location) 1967 In accurred on the



			BALTIMORE CITY	HEALTH DEPAI	RTMENT		OP	
BIRTH NO. M.E. CASE NO.	67	7922	CERTIFICA	TE OF DE		Registered No		7922
1. NAME OF DECEASED (Type or Print)	John Jos	eph Co	nnelly		2. DATE A	NO HOUR OF DEAT	Н	X 43
FULL NAME OF HOSPITAL OR INSTITUTION 3822	BALTIMORE, MAR (If not in hospitol o oddress or locotion) udor Arm	r institution, giv		Maryl c. city or tov Balti	and (16 o	ere deceosed lived. If NTY utside city limits, write f rurol, give locotion) Arms Ave	e RURAL ond	give township)
5. SEX 6. RA	W	MARRIED, N WIDOWED Marri	EVER MARRIED DIVORCED (specify)	B. DATE OF BIRT		9. AGE (In years lost birthdoy)	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
done during most of working Clerk Ret	life, even if retired)					eign country)		EN OF AT COUNTRY? S.A.
Thomas (Connelly	BIGIE!		14. MOTHERS A	n Fly			
Yes, no or unknown) (If ye	n U. S. Armed Forces, give wor or dotes	es? of service)	6. SOCIAL SECURITY NO. 215-07-99	73 Mrs.		E Conne	lly	Same
(This does not me heart foilure, asther injury or complicating ANTEC DISEASES OR COnise to the abounderlying Columberlying Columber 1997 (1997)	nio, etc. II meons on which caused CEDENT CAUSES ONDITIONS, if one cause (A) NDITION lost.	dying, e.g., the discose, deoth.) ny, giving stating lhe ONTRIBUTING TED TO THE	(A) DUE TO (B) DUE TO	Orona	ryt	kmilose	3	ONSET AND DEATH
19A. DATE OF OPER	ATION 198 CONE	DITION FOR W		20A. AUTOPS		IN CERTIFYING C	AUSES OF D	DEATH?
OR CONTRIBUTING DEATH (notify medic	CAUSE OF	21 B. P home, etc.)	LACE OF INJURY (e.g., form, foctory, street, c	n or about 21C. W ffice bldg.,	HERE DID	(If in Boltim	ore City, give	e exact facation)
21D. TIME (Mon OF INJURY (APPROX.)	th) (Doy) (Yeor)	While Work	At Work	le 🖳	OW DID IN	IJURY OCCUR?	luce	67
that (I) (a) last and hour and from 23A. SIGNATORI 234-PHISICIAN'S NAME (Type)	the courses state Or. Willi	am G.	Helfrich M.D.	ending Apple South	Aed. Roland	Stoff Phys. Avenue	23	tr county) (Stote)
REMOVAL (Specify Burial	8 10 4	7 Nove	Cathedral	Comotor		Doltimono	(City, town, o	Md.
25A. DATE REC'D BY H	18 1967	25B. NAME OF	REGISTRAN	25 FUND	490	kins & Sor 5. York Ros	ad Bal	^29 21 2 to., Md.

Phrane

BUTTO Y

CERTIFICATE OF DEATH Registered No. D. J. NAME OF DICEASED J. NAME DICEASED J. NAME OF DIC		OP	2000	BALTIMORE CI	TY HEALTH DEPARTMENT		CPy 1	2002
IN NAME OF DECASED IT AGE OF DEATH IN BALTIMORE, MARTLAND S. PLACE OF DEATH IN BALTIMORE, MARTLAND S. PLACE OF DEATH IN BALTIMORE, MARTLAND FULL NAME OF DECASED (If not in baspired or institution, give sized HODDING Officers or deciding) A STITUTION S. PLACE OF DEATH IN BALTIMORE, MARTLAND A STITUTION S. PLACE OF DEATH IN BALTIMORE, MARTLAND (In only baspired or institution, give sized HODDING OF SUBJECT OF SITUTION OF SITUT		67	7923	CERTIFIC	ATE OF DEATH	Registered No.	0/	7923
FULL NAME OF HOSPITAL OR HE not in haspital or institution, give sheet odders or location) FRANKLIN SOUND HASPITAL D. STREET ADDRESS III under 15 HE ADDRESS III under 15 HE HOSPITAL D. STREET ADDR	1, NAME OF	DECEASED	SHOEM	AKER	SP, 2. DATE	AND HOUR OF DEATH	YURI) 3	F: 10 A. M.
THE INSTITUTION I	3. PLACE OF	DEATH IN BALTIMO	RE, MARYLAND				stitution: residence	e before odmission)
S. SEX S. RACE				ive street	MD.	, 0 - 0	SHAA	oles St
5. SEX S. RACE CALABRED NEVER MARBIED S. DATE OF BIRTH S. AGE (In your Months) Days House of Mills Months Days House of Mills Months Days House of Mills Months Days House of Mills Months Days House of Mills Months Days House of Mills Months Days House of Mills Months Days House of Mills Months Days House of Mills Months Days House of Mills Months Days House of Mills Months Days House of Mills Months Days House of Mills Months Days Days Months Days Days	INSTITUTIO	N			BALTIN	foutside city limits, write of	PURAL and give	township)
WIDOWED, DIVORCED (aspective) TOA USUAL OCCUPATION (cive kind of work) or kind or kind of work) or kind	FRAK	IKLIN S	GUARE 1	40SPITA L	D. STREET ADDUSS	(If rural, ive lacation)		23-02
13. FATHER'S NAME	5. SEX	LO WHYT			10-		If Under 1 Yr. Manths Days	If Under 24 Hrs. Hours Min.
IS, Was Decessed Ever in U. S. Armed Forces? 15, Was Decessed Ever in U. S. Armed Forces? 16. SOCIAL MANUEL STATE MARKET SCUSIN NO. DECEMBER 11. SCU				BUSINESS OR INDUST	DWEST VII	26/N/A	12, CITIZEN O	SUNTRY?
18: CAUSE OF DEATH INTERVAL BETWEEN ONSET AND			HOEMAKE	8017.67	14. MOTHER'S MAIDEN	NAME Je	yrije t	ee Fep
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED (APPROX.) While At Work 1907 (APPROX.) 22. I certify that (I) (this haspital) attended the deceased from 1907 on 1907 o	OTHER S TO TH DISEASE	SIGNIFICANT CONDIT	T RELATED TO THE			.03		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED (APPROX.) While At Work 1	U 19A. DAT			HICH OPERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING CA	FINDINGS CON	SIDERED 1?
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22. I certify that (I) (this haspital) attended the deceased from 8 19 6 7 ond that (I) (we) lost saw the deceased alive on 7 19 6 7 ond that in (my) (our) opinian death occurred on the date ond haur and from the couses stated obave. (I) (We) (did) (did not) view the body offer death. 23A. SIGNATURE Attending Med. Stoff Phys. 23B. DATE SIGNED Phys. Director Phys. 8 1 23D. ADDRESS	OF INJU	E (Month) (Doy)	(Year) (Hour) 21E.			INJURY OCCUR?		
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23G, PHYSICIAN'S			A 6 A	, , , , , , , , , , , , , , , , , , , ,			238, DATE SIG	NED
23C, PHYSICIAN'S NAME (Type) HECTOR L. FELICIANO M.D. FRANKLIN SQUARE HOSPITAL	K	tech /	elicians	M.D. A	hys. Med. Director	Stoff Phys.	8-1	7-67
	23C, PAYS	SICIAN'S AE (Type) HECTOR	L. FELIC	AND M.	23D. ADDRESS D. FRANKLI	N SQUAR	E HO	SPITAL
24A. BURIAL CREMATION, 24B. DATE (C) 24C. NAME of CEMETERY of CREMATORY (City, town, or county) (Stote) REMOVAL (Specify) (City, town, or county) (Stote)	POPIAL REMOV		22-67 BA	1 / /	PSINATURY 24	30 Ld more	ty. town, or coor	(Stote)
25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTERAR DINEBAL DIRECTOR 4005 CHARLES & 230	25A. DATE R	CO BY HEALTH DEF	17. 25B. NAME O	F REGISTRAR	PAR DUNERAL DINE	400SK	HARLES	DDRESS 2 630



	7 HEALTH DEPARTMENT 67 7924
M.E. CASE NO.	TE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) WILLIAM GEBHARDT	2. DATE AND HOUR OF DEATH aug. 17, 1967 11:42 Am.
FULL NAME OF (If not in hospital or institution, give street oddress or tocation) INSTITUTION	A. STATE B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give downship) Baltimore
CHURCH HOME & HOSPITAL	D. STREET ADDRESS (If rurol, give locotion) 636 S. Potomac St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) NEVER MAY TELL 10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY	B. DATE OF BIRTH Plec. 10, 1905 9. AGE (In years last birthdoy) If Under 1 Yr. If Under 24 His. Manths Days Hours Min. 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
done during most of working lite, even if retired) CLEYK Calvert Drug Co 13. FATHER'S NAME JOSEPH Gebhardt	WHAT COUNTRY?
	Sarah Obryan
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na arunknown) (If yes, give war ar dates of service) NO 16. SOCIAL SECURITY NO. 217 343714	John Gebhardt 532 Hurley Avenue
TIB. CAUSE'O	
LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc., it meons the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	monie ashmatic bronduts regestive Heart Failure
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEPTICE CONSERSE OR CONDITION CAUSING IT.	ilcers.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in large of contributing 21B. PLACE OF INJURY (e.g., in large of contributing 21B. PLACE OF INJURY (e.g., in large of contribution) and contribution of contributions of c	n or about 21C. WHERE DID (If in Boltimore City, give exact location) ffice bldg., INJURY OCCUR?
21D. TIME (Mantht (Day) (Yeor) (Hourt 21E, INJURY OCCURRED OF INJURY (APPROX.) While At Wark At Wark	
21D. TIME (Manth) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED While At Not While At Wark 22. I certify that (I) (this haspital) attended the deceased fram	19 6 7a Query apinian death accurred on the date
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Burial 8-19-1967 Oak Lawn	Baltimore County, Maryland
Burial 8-19-1967 Oak Lawn 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL AUG 18 1967 Polyalo E; Fasher Ha	Littly & Zeiler Inc. 1901-07 Eastern Ave.

CHURCH HOME + HOSPITAL CAN PRICE LOS Made Notes November Colors Manufard Description of Colors Description of Toroph Gebbrardt danal Congress at 19584

Pleasant affermen 2° to Procure askingte broader.

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M.E. CASE NO.						
1. NAME OF D	ECEASED			2. D	ATE AND HOUR PRONOUNC	CED DEAD
	EDWARD JOSEPH	F G AN W G AN CONOL	FINNE GAN	4. USUAL RESIDENCE	August 16, 1967	1 1 · 30 p M.
				A. STATE	В. СО	UNTY
FULL NAME OF	ADDRESS OR LOC	TAL OR INSTITU ATION)	TION, GIVE STREET	Maryland c. city or fown	If outside corporate limits, writ	le RURAL and give township)
NOITUTITZNI				Politimons		11-05
821 Fu	taw St.			Baltimore D. STREET ADDRESS	(If rurol, give locotion)	
OZI Eu	Law DL.			821 Fut	aw St. Apt 5	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs.
Mala	White	WIDOW ED	LVORCED (specify)	Feb. 26, 1	893. 71 ×20c	Months Doys Hours Min.
	White CUPATION (Give kind of wo		BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State		12. CITIZEN OF
Retired	Machinist (etired)			West Virg	inia	USA
3. FATHER'S NA				14. MOTHER'S MAIDE		
	Willi	Lam J. F:	innegan		Mary Ell	en Smith
	SED EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			Unk.	mrs. John J	. Kresslein, Sr	.3511 Parklawn Ave
18. 71	501		CAUSI	OF DEATH		INTERVAL BETWEEN
DISE	ASE OR CONDITION D	IDECTI V				ONSET AND DEATH
Disc	LEADING TO DEAT		Δη.	teriosclerati	ic Cardiovascula	ar
(This does	s not meon the mode o	f dying, e.g.,	DUE TO	M. N. H. M. N. N. A. N. H. N. N. N.	Disease	<u> </u>
injury or o	complication which coused	deoth.)			Disease	
	ANTECEDENT CAUSI	ES				
	S OR CONDITIONS, IF		DUE TO		***************************************	
	THE ABOVE CAUSE (A) STING CONDITION LAST.					
Z			(C)			
TA CTURE OF	11	CONTRIBUTION				
O THE	DEATH BUT NOT R	ELATED TO T				
DISEASE	OR CONDITION CAUSIN		WHICH OPERATION	200 AUTOPSV2 (Va	or No) 20B. IF YES, WERE F	THOMAS CONSIDERED
B ITAL DATE (REPORMED	VALCE OFERATION	ZUA. AUTOFST: (Tes	IN CERTIFYING CAL	
Z 21 A. EXTERN	IAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C. WHER	E DID (If in Boltimore City, g	nive exact location)
UNDERLYING	OR CONTRIB-	home etc.)	form, foctory, street,	office bldg., INJURY OC	CUR?	, 10 SKOC1 1000110117
3						
OF INJURY	(Month) (Doy) (Ye		IE. INJURY OCCURRED		ND INJURY OCCUR?	
(APPROX.)		m. V	ORK NOT	WHILE O		
22.	ertify that I held an	Inquiev 🗆	Inspection X Au	tansy and the	t an this basis, death in	my aninin
		L.A.A.				
res	ulted fram: Natural co	JUSES A A	ccident Suicld			ier
ACTU	AI /	20%	1		CAL EXAMINER X	DATE SIGNED
SIGNA		1 ms	ner M.D	ASSISTANT MEDIC		
	INER'S			ASSOCIATE MEDI		
NAME	(Type) Russell	S. Fishe	C. NAME OF CEMETERY	CDEAA A TO DV		ugust 16, 1967
REMOVAL (Spec	-iful					
Buri			Parkwood Ceme		Baltimore	
24A. DATE REC'	ALIC 1 9 400		OF REGISTRAR	Z4C. FUNERAL D	I. Ruck, Inc. Ba	ADDRESS
	AUG 18 1967	(Rober	of E. Jayleum	Decilar d	. nuck, Inc. De	TOO MA CIVIL
VS 151-REV. 1/	1/65	ż	3 6		J 1	A

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New John J. Kremalain, Br. 3711 Parking Line.

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BALTIMORE CITY HEALTH DEPARTMENT

Registered Na	67 7926
HOUR OF DEATH	- 11-
61	9:45 A.M.
eceased lived. If in:	stitution; residence before admission)
city limits, write R	URAL and give township)
21218	12-0-
, give location)	1
L CA	
21.	Light Name of the Color
GE (In years birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
89	
country)	12. CITIZEN OF WHAT COUNTRY?
	USA
	VSH
OLE	
	ADDRESS
TANNER	313 E. 27 St. BALTO.
LIA VEN	INTERVAL BETWEEN
	ONSET AND DEATH
TO THE STREET OF	00000000000000000000000000000000000000
IN IDA	The state of the s
Jou de Volto	
	When so consider
B. IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
(If in Boltimore	City, give exact facation)
OCCUR?	
67 10 GU	19UST 17 1967.
	nion death accurred an the date
	238, DATE SIGNED
s. X	0/17/67
EMORIAL	HOSPITAL ST. BALTO. y, town, or county) (State)
DILLERT	CT RAITA
TION CO	VI POP A COUNTY ISLAM
Baltimore	Md.
Dat chilora	, Ad
	ADDRESS
, Inc. Bal	lto. Md. 21214

ALTER AN AND THE COURSE DESCRIPTION OF STREET

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ad 125 are collect any over all resultant

67 7928 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 7928

NAME OF DECEASED						
ype or Print)					HOUR PRONOUNC	
KATHERINE	M.	LEE			ist 14, 196	
JLL NAME OF OSPITAL OR ADDRESS OR LOC STITUTION 612 E. Evesham Av	TAL OR INSTITUTI ON, GIV ATION)	C.	Maryl CITY OR TOW Balt	and VN (If outside imore RESS (If rurol, g	B. COL corporate limits, write	RURAL and give township)
SEX 6. RACE	7. MARRIED, NEVER M.	APPIED 18 D	OLZ E		m Avenue	If Under 1 Yr. If Under 24 I
Female White	WIDOWED, DIVORCED WIDOW	(specify)	rch 15,	1900.	10st birthdoy	Months Doys Hours Mi
A. USUAL OCCUPATION (Give kind of working during most of working life, even if retired) HOUSEWILE	rk 108. KIND OF BUSINESS	OR INDUSTRY 11.		State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME Unknown		14.7	OTHER'S M	AIDEN NAME	Unknown	
WAS DECEASED EVER IN U.S. ARMEI es, no or unknown) (If yes, give wor or dot NO		ITY NO. Mr	S. M. V		Godfrey P	
RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 198. CO	CONTRIBUTING	C1	_			
DISEASE OR CONDITION CAUSIN- 19A. DATE OF OPERATION 198. CON WAS PEI		PERATION 20	A. AUTOPSY	119	OB. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.		INJURY (o.g., in or ctory, street, office			in Boltimoro Cily, gi	ve exocl locotion)
21D TIME (Month) (Doy) (You OF INJURY (APPROX.)	(Hour) 21E. INJURY	OCCURRED NOT WHILE AT WORK		SUTUI DID MC	Y OCCUR?	
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werne	r U. Spitz, M	Suicide M.D. ASS	Hamicio CHIEF MI SISTANT MI SOCIATE M		MINER	
A. BURIAL CREMATION, 23B. DATE PROVAL (Specify) 8/18		ount Crema		23D. LO	Baltimore,	town, or county) (State)

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5-212

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 8.7

M.E. CASE NO.						
1. NAME OF DEC		ENCE C	VTEVICU V		2. DATE AND HOUR PRONOUNCE	
3 PLACE IN RALL	LAWRI TIMORE, MARYLAND, W		AKIEVICH X	IN LISUAL PESID	August 16, 1967	(VI.
S. PEACE IN DAL	INVOKE WAKILAND, W	HERE PRONOC	SHCED DEAD	A. STATE	Maryland	UNIX
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET		/N (If autside carparate limits, write	e RURAL and give township)
INSTITUTION					Baltimore 21206	26-67
/					ESS (If rural, give location)	
Unio	on Memorial H	ospital			4819 Pleasant View	w Avenue
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
Male	White	Sin	DIVORCED (specify)	October 9		170013
		TOB. KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
Studen	working life, even if retired)				Maryland	USA
13. FATHER'S NAM				14. MOTHER'S MA		
	George J.	Sakiev	ich		LaVeta L	. Bantner
	ED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			217-50-4609	Mr. Georg	ge J. Sakievich	(Same)
1B. 7	91 Y.		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	RECTLY		P		ONSET AND DEATH
	LEADING TO DEATH			rebrocrani	al injuries	
heart failure	nat mean the made of c, asthenia, etc. It means implication which caused	the disease,	DUE TO			
	mphosion which cooped	00011117				
	ANTECEDENT CAUSE		(B)			
RISE TO TH	OR CONDITIONS, IF A		DUE TO			
	NG CONDITION LAST.		(C)			***************************************
OTHER SIG TO THE DISEASE O	11					
OTHER SIG	NIFICANT CONDITIONS DEATH BUT NOT RE					
DISEASE O	R CONDITION CAUSING	S IT.	***************	000н00040000000000000н и и 000		70001170000000000000000000000000000000
O 9A. DATE OF	F OPERATION 19B. CON	FORMED		Yes	(Yes or No) 20B. IF YES, WERE FI	ISES OF DEATH?
8	10-67 He	ad inju	TY PLACE OF INJURY (e.g.,		1.0	es
O UNDERLYING	SOR CONTRIB-	hame etc.)	, farm, factory, street, c	office bldg., INJURY		School #420
<u>=</u>			School			Raven Boulevard
OF INJURY	(Manth) (Day) (Yea		IE. INJURY OCCURRED		OW DID INJURY OCCUR? Str	uck with iron
(APPROX.)	8-10-67 2:4	0 P. m.	WHILE AT NOT	ORK X	roller during a	1tercation
22.	rtify that I held an I	nquiry 🗌	Inspection Aut	apsy X and	I that an this basis, death in	my apinian
	ited fram: Natural ca	uses	Accident Suicid		de 🔀 Undetermined mann	ner _
	no o	1	1 1		EDICAL EXAMINER	
ACTUA	- MANI	3 - 7	301 110		EDICAL EXAMINER X	DATE SIGNED
SIGNAT	NED'S	-	M. D.	4	EDICAL EXAMINER	
NAME ((Type) Charle		ringate, M.D.			August 17, 1967
23A, BURIAL CRE REMOVAL (Specif	fv)		C. NAME of CEMETERY	CREMATORY	- 23D. LOCATION (City	y, tawn, or county) (State)
Buria		/67. B	altimore Nati	onal Cemet	ery Baltimore	, Md.
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR		AL DIRECTOR	ADDRESS
A	NG 18 1967 (2 Dec 6 8	tarbey MA	Leonar	ed J. Ruck, Inc. B	alto. Md. 21214
1/2 151 251/ 1/1	115	Marie		7 9	- V Y	

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			HEALTH DEPARTMENT		07 7000
0	H NO. . CASE NO.	7930 CERTIFICA	TE OF DEATH	Registered No.	67 7930
1, N	AME OF DECEASED	/ /	2. DATE AN	D HOUR OF DEATH	5-0
(Тур	e or Print) Mr. Lavel.	Hutson.	8-	15-67	1 Gi PM
3. P	LACE OF DEATH IN BALTIMORE MARYLAN		4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission)
	THE NAME OF STREET	man de la companya d	1 1 1	1	
F	ULL NAME OF (If not in hospital or inst IOSPITAL OR oddress or location)	itution, give speet		nd,	RURAL one give township
- 1	BON Secours	HOSPITAL	Balta		11-01
4	2025 W. Th	_	D. STREET ADDRESS (III	rurol, give location)	1-1
/	BALTO, MD.	-71-223	1125 5	H. Paul	St.
5. S	EX 6. RACE 7. M.	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	M W	DOWED, DIVORCED (specify)	a make	lost birthdoyl	Months Doys Hours Min.
σÀ	USUAL OCCUPATION (Give kind of work 108. K	Manned.	11 BIRTH LACE Sigle or forei	an country)	12, CITIZEN OF
	during most of working life, even if retired)		- Sep	T. 28,1896	WHAT COUNTRY?
		USICIAN)	towa.		Yes.
3.	FATHER'S NAME		14. MOTHERS MAIDEN NAM	WE	
(Thouse H. I	son.	Rev	<	
. 1	Vos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	<u>~</u>	ADDRESS
	(If yes, give wor or dotes of some was a second to the second with the second terms of		N. 77 7		
_		218-22-8724	Mrs. Helen C. H	lutson XXX 1	
	18. 54XI	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	8.	101.	1 1 1 1 1	1 - 1110-1-3
	(This does not mean the mode of dying	, e.g., DUE TO	du to seption	X Lacid	oc I Will ?
	heart failure, asthenia, etc. Il means the d	iseose,	due to septe	emia ?	
	injury or complication which caused death ANTECEDENT CAUSES	./	. /		
		DUE TO	ничникама роди од н о 2,002 0 н оо 00 00 00 00 000 000 бил и www.		
	DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stotin	giving the	to chati. Co N	the res	lum linknown
	UNDERLYING CONDITION lost.	(6, 7	1)		
	11				
ALICA	OTHER SIGNIFICANT CONDITIONS CONTR				
¥	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
EKIITIC.	19A. DATE OF OPERATION 198. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED
4	21				yes.
1	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or	fice bldg. INJURY OCCUR?	(If in Boltimore	City, give exect location)
	DEATH (notify medical examiner)	etc.)			
5	21D. TIME (Month) (Doy) (Year) (Hou	11) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
18	OF INJURY (APPROX.)	While At Not Whil	е		
		Work At Work		/-	
	22. I certify that (I) (this hospital) atte	4		9 67 10 AU	7 -15 - 19 67
	that (I)(we) last saw the deceased aliv	ve an Aug -15 8 -	- 19.17 ond the	at in (my) (our) pH	nion death accurred an the date
	and haur and fram the causes stated ab	ave. (1) (We) (did) (did nat) v	iew the body after death.		
	23A. SIGNATURE				23B, DATE SIGNED
	9 8 (//	M.D. Atte	ending Med.	Stoff Phys.	1. 12 10/2
	23C. PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	rnys.	Hug-15-1969
	NAME (Type)				
	DONG SU	P CHA M.D.	BON SECOLL	,	
4A	BURIAL CREMATION, 248, DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CRI	MATORY 24D. LO	OCATION (Ci	ty, town, or county) (Stote)
	Cremation 8/16/67	Greenmount Crema	atory Bal	to. City, Me	d.
5 A		AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
		TAO HA	Wm. Cok-Brook	ks. Inc. 12	17 St. Paul St.
/S	150-REV. 1/1/65 ALIC 1 8 1967	The State of the S	O MAN DECO	. Inc. 12	I/ Dt. ladi St.
_	THE TO LOOK OF				

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· t, ...

12. CITIZEN OF WHAT COUNTRY? ADDRESS Mr. Jos. Lotina 1710 Wilmington St. Balto 30 INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) _19_6_7___and that In(my) (our) opinion death occurred on the date 23B, DATE SIGNED (City, tawn, at county) ADDRESS Inc. 1217 St. Paul St. Cook-Brooks,

If Under 24 Hrs. Hours Min.

Hours

de a sa e d'addition T es as a se

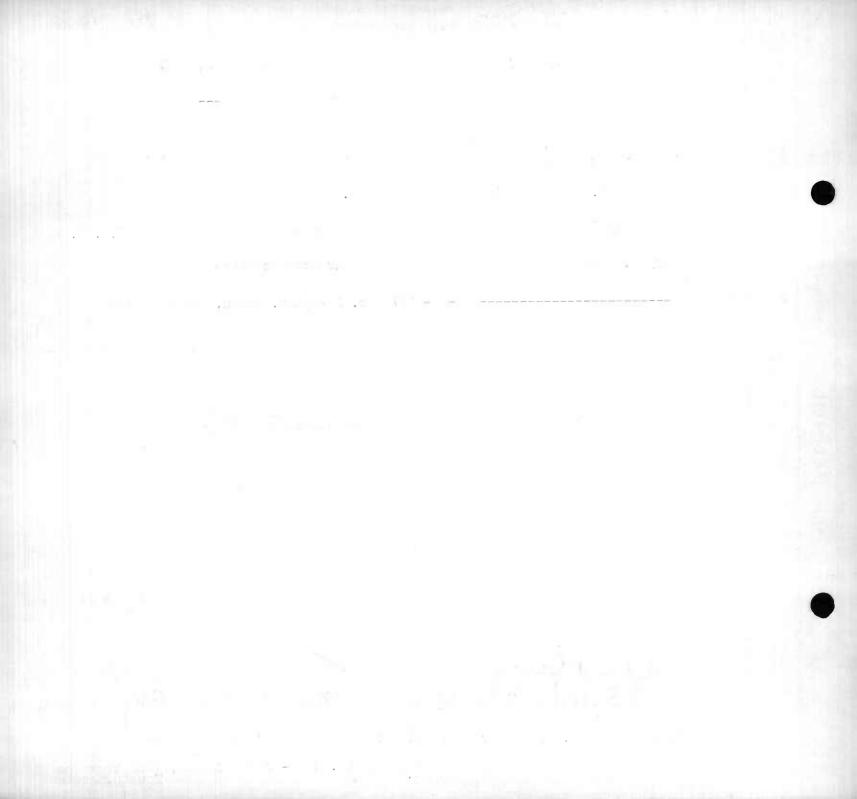
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	OM	מממניו	BALTIMORE CITY	HEALTH DEPARTMENT		67	7932
BIRTH NO.	6/	1932	CERTIFICA	TE OF DEATH	Registered No.	07	1302
M.E. CASE NO.	D			2. DATE AN	ND HOUR OF DEATH		
Type or Print)	LEORA ELIZA	ABETH BOWE	EN	Aug	ust 17, 1967	7	
B. PLACE OF DEATH I	IN BALTIMORE, MAI	YLAND		4. USUAL RESIDENCE (Whe	ere doceasad livad. II in NTY	stitution: rosid	enco boforo admissi
FULL NAME OF	(If not in hospital a	or institution, give	stroet	Maryland	tside city limits, write 1	PHT and N	ve llownship)
INSTITUTION				Baltimore	naide city times, time t	2	10
	the Pines,		2		rural, give location)	,	
	edere Avenu			2900 Inglewo		21234	
	Cau.	7. MARRIED, NEV WIDOWED, DI WIDOWE	VORCED (specify)	Dec. 3, 1883	9. AGE (In yours lost birthdoy) 83	Months Do	Yr. II Under 24 I ys Hours Min
IOA, USUAL OCCUPAT		108. KIND OF BUS	SINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN WHAT	OF COUNTRY?
Housew		Home		Marylandi		U.S	S. A.
3. FATHERS NAME				14. MOTHER'S MAIDEN NA	ME		
Henry N.	Kline			Charlotte McC	leary		
5. Was Deceased Ever Yos, no or unknown) (If y	in U. S. Armed Ford	es? 16.	SOCIAL	17. INFORMANT		AC	DDRESS
	manaman	21	SECURITY NO. 8-48-1277	Mr. Joseph N. B	owen, Same	as#	4
18.	0 1		CAUSE O		,		ERVAL BETWEEN
19 91	R CONDITION DIR	ECTLY	27	1	0		SET AND DEATH
	DING TO DEATH	CILI	(1	rumona (Barel		7 Lem
	nean the mode of		DUE TO	COCYCOTION V			
	enio, etc. Il meons plian which caused			with Weter	Sent 1		9
	CEDENT CAUSES		(B)				
			DUE TO				7
rise to the al	CONDITIONS, if of bove couse (A)	stating the	(c) Ar	tenoselecter	H. 1)		
UNDERLYING CO							
E TO THE DEATH	NT CONDITIONS CO H BUT NOT RELA	TED TO THE					
19A. DATE OF OPE		DITION FOR WHIC	CH OPERATION	20A. AUTOPSY? (Yes or N.	O) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS COUSES OF DEA	NSIDERED ATH?
OR CONTRIBUTION	AS UNDERLYING CAUSE OF	21 B. PLA homo, le etc.)	CE OF INJURY (o.g., in orm, factory, street, of	n or about 21C. WHERE DID	(If in Baltimore	City, give e.	xact lacation)
W AF INITION	onth) (Day) (Year)	(Hour) 21 E. INJ	URY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
OF INJURY		While A	Not Whil	е			
	***	Work	At Work		4	1	6 -
22. I certify that	(I) (this hospital)) ottended the d	eceased from		19 6 7 to	Augus	
that (I) (we) lost	saw the decease	d alive on	Hugus 7	1967 and th	not in (my) (our) opi	nion deoth o	occurred on the
and hour and fro	m the causes stat	ed above. (I) (W	e) (did) (did not) v	iew the body ofter death.			
23A. SIGNATURE	11			ending Med.	Stoll	23B, DATE S	IGNED .
23C, PHYSICIAN'S	in you	ubey	Phy	s. Director	Phys.	1 8/	10/67
NAME (Type)	Sylvan	06.	1.1	Mexical	auts 4	Ber	Breto
24A. BURIAL CREMATI REMOVAL (Specil		24C. NAME	of CEMETERY OF CRI	EMATORY 24D. L	OCATION (Ci	ty, town or co	ounty) (State
Burial	Aug.19,	67 Pros	pect Hill C	emetery T	owson, Maryl	and	
25A. DATE REC'D BY H		25B. NAME OF R		25C. FUNERAL DIRECTO			ADDRESS

Wm. Cook-Brooks Towson, 1050 York Road Towson, Maryland



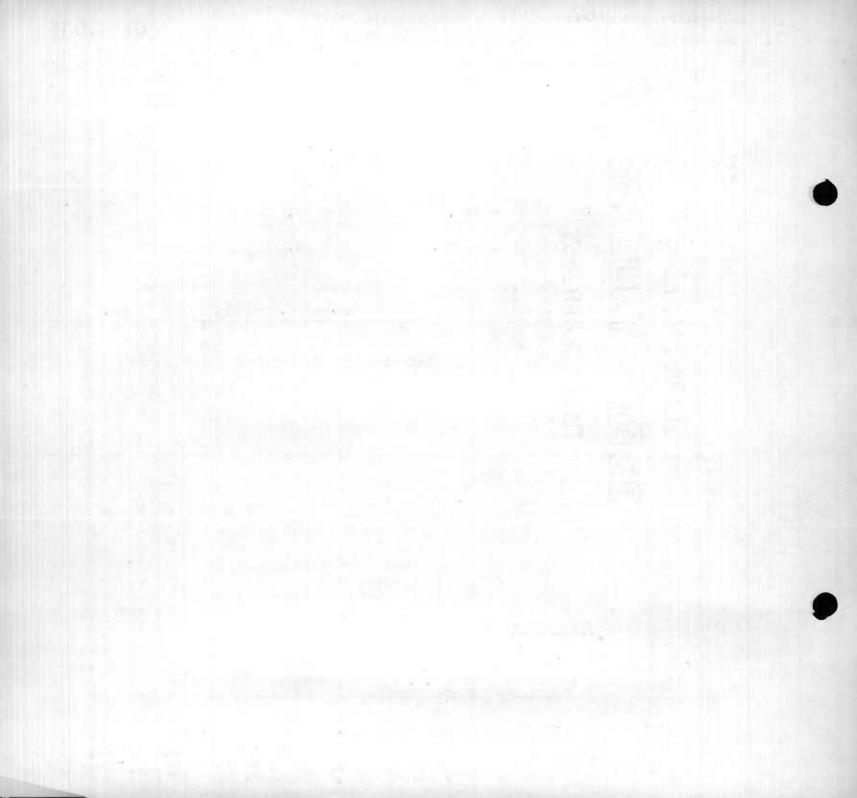
VS 150-REV. 1/1/65



67 7934 BALTIMORE CITY HEALTH DEPARTMENT

7	Q	3	A
-	U	U	-2

BIRTH NO.	WED	ICAL EX	CAMINER'S CI	ERTIFICA	E OF D	EAIH Registe	red Na	.001
M.E. CASE NO.								
NAME OF DEC	EASED					HOUR PRONOUNC		
MILL	AM D.		THOMPSON			gust 14, 19		6:30 P.
	MORE, MARYLAND, W			4. USUAL RESID A. STATE Mary1		eceosed lived, If inst B. COU	itution: resid	dence before odmissi
ULL NAME OF OSPITAL OR NSTITUTION	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOV	VN (If outside	corporate limits, write	RURAL on	d give (6 wnship)
Union	Memorial Ho	spital		Balti D. STREET ADDI	RESS (If rurol, g			
				3343	Keswick			
	6. RACE	WIDOWED,	NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTI		9. AGE (In years lost birthday)		1 Yr. If Under 24 H Doys Hours Min
Male	White		ried. BUSINESS OR INDUSTRY	March 2		7/	12. CITIZE	EN OF
ne during most of w	orking lile, even if relired) nce(Retired(x Corp.		id.	Co unity)		T COUNTRY?
FATHER'S NAM		100000	. 001 p	14. MOTHER'S M				
	2				2			
	D EVER IN U.S. ARMEE		16. SO CIAL SECURITY NO.	17. INFORMANT	•		ADDRESS	
				Elizabeth	C. Thom	pson	Sam	e.
18.	63 7		CAUSE	OF DEATH				INTERVAL BETWEE
	IG CONDITION LAST. II WIFICANT CONDITIONS	CONTRIBUTII	(C)					
DISEASE OF	DEATH BUT NOT RE	G IT.			***************************************		· · · · · · · · · · · · · · · · · · ·	•••••
19A, DATE OF		NDITION FOR	WHICH OPERATION	20A. AUTOPSY		OB. IF YES, WERE FI		
21 A. EXTERNAL UNDERLYING DUTING DEAUS	OR CONTRIB-	21B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21 C. V office bldg., INJURY	VHERE DID (in Boltimore City, gi	ve exoct lo	
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yes		WHILE AT NOT AT W	WHILE	IULNI DIQ WO	RY OCCUR?		TENTE.
22. I cert	ify that I held an			[T7]	d that on this	bosis, death in m	ny opinior	n
result	ted fram: Natural co	uses X	Accident Suicid			ndetermined monn	er 🗌	
ACTUAL		5-1	1. 50565	ASSISTANT M	EDICAL EXA			DATE SIGNED
EXAMIN NAME (1	ER'S Wern	er U. S	pitz, M.D.	ASSOCIATE M				8/15/67
A. BURIAL CREATEMOVAL (Specify	MATION, 238 DATE		C. NAME OF CEMETERY			CATION (City,	, town, or o	county) (Stote)
Burial	BY HEALTH DEPT.		Oulaney Valley OF REGISTRAR	Mem Gard	ens AL DIRECTOR	Balto.Co	0.00	DDRESS
	AUG 18 1967	Property	E FarberMA	Paulo	O lo ha	nowith	V.B.A.	whent de
/S 151-REV. 1/1/6		1 7	0 / 1		7 11 11	7		



, NA	CASE NO. ME OF DEC or Print)		GARI	*		1.0	D HOUR OF DEA	TH	ם כל
3. PL	ACE OF DEA	James TH IN BALTIMOR	Truly (I 4. USUAI	8/17	re deceased lived. I	f institution; resi	idence before odmis
FU	JLL NAME O OSPITAL OR STITUTION		ospitot or institu	ition, give street	C. CITY	Maryland OR TOWN (If ou	tside city timits, wri	Bak	2/5
5					D. STREE	arrows Poi	rurol, give location)		
SO	UTH BAI	TIMORE GE	ENERAL HO	SPITAL	804	"J" Street	Sparrow	s Point	, Md.
. SE	x [ale	6. RACE Colored	WID	ried, never marrie gwed, divorced (sp Vidower			9. AGE (In years lost birthdoy) 84	Months D	1 Yr. If Under 24 Poys Hours Mi
one o		working life, even if r	entired)	HLehen S		PLACE (State or fore	ign country)	12. CITIZE WHAT	N OF T COUNTRY?
_	Bens		10 81	ren	14. MOTH	WNIF			
5. W	os Deceosed	Ever in U. S. Am	ned Forces?	orice) 1 6. SOCIAL SECURITY N	17. INFOR	MANT			ADDRESS
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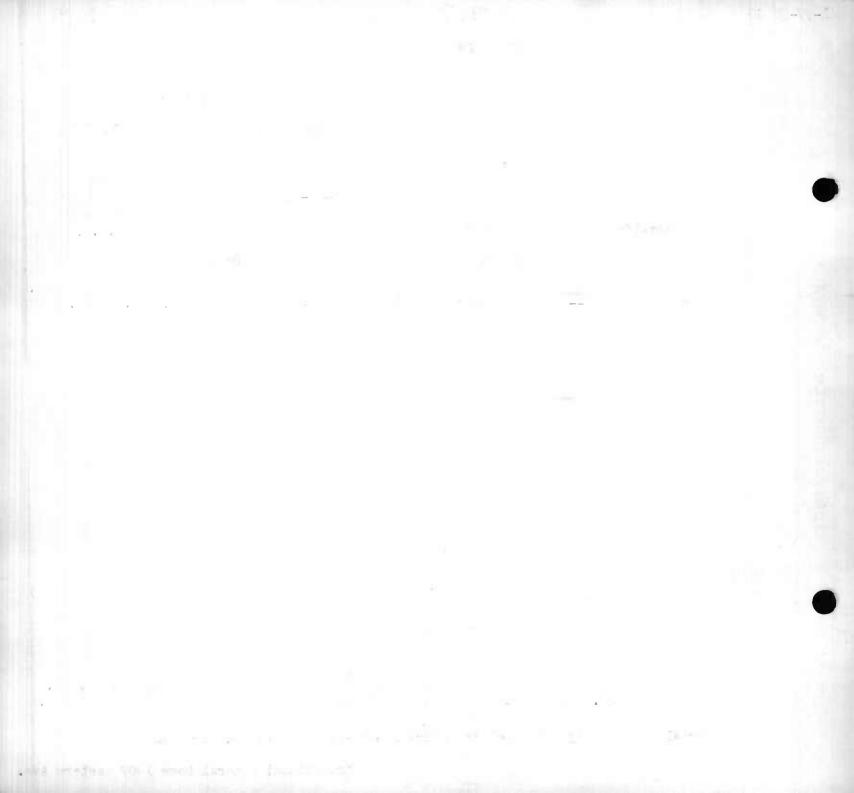
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Story Luck Church



BIRTH NO. MEDICAL EXAMINER'S (CERTIFICATE OF DEATH Registered NO. 1931
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print) WILLIAM R. BRADY	August 17, 1967 8:07 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (II outside corporate limits, write RURAL and give ownship)
	Baltimore
2012 Greenmount Avenue	D. STREET ADDRESS (If rurol, give location) 2012 Greenmount Avenue
SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 19. AGE (In years If Under 1 Yr. If Under 24 Hrs
Male Negro WIPOWED, DIVORCED (specify)	Months Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUST	TRY 11. SIRTHYLACE (State or loreign cod/nity) 12. CITIZEN OF WHAT COUNTRY?
Latarer .	Dath City Usa
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Brady	Harel Smith
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	ADDRESS
2 2184199	1 Trimily
7010	ISE OF DEATH INTERVAL BETWEEN
1	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Ca	arcinoma of esophagus
	il Cilionia of esophagus
(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
Z (C)	
Ĕ	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g	g., in or obout 21C. WHERE DID (II in Boltimore City, give exact location) , office bldg.,INJURY OCCUR?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. home, form, foctory, street, etc)	, office bidg., INJURY OCCUR?
3	D 21F. HOW DID INJURY OCCUR?
OF INJURY	
(APPROX.) MHILE AT NO NO AT	WORK WORK
22.	
	Autapsy and that an this basis, death in my opinion
resulted fram: Natural causes X Accident Suic	cide Hamicide Undetermined manner
0/10	CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL (laste)	D. ASSISTANT MEDICAL EXAMINER
	ACCOCIATE MEDICAL EVAMINED
EXAMINER'S Charles S. Springate, M.D	August 17, 1967
ZAA, BURIAL CREMATION, ZAB. DATE 23C. NAME OF CEMETER	Y OF CREMATORY (23D. LOCATION (City, town, of county) (Stote)
REMOVAL (Specify) August 1/27 Batto. M	alional Ballo ma
24A. DATE REC'D BY HEALTH DEPT 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
AUG 18 1967 R. O. to 2 . Farley A	Tolota Morliams 1701 h Done
VS 151-REV. 1/1/65	A bright in water of the title
	P

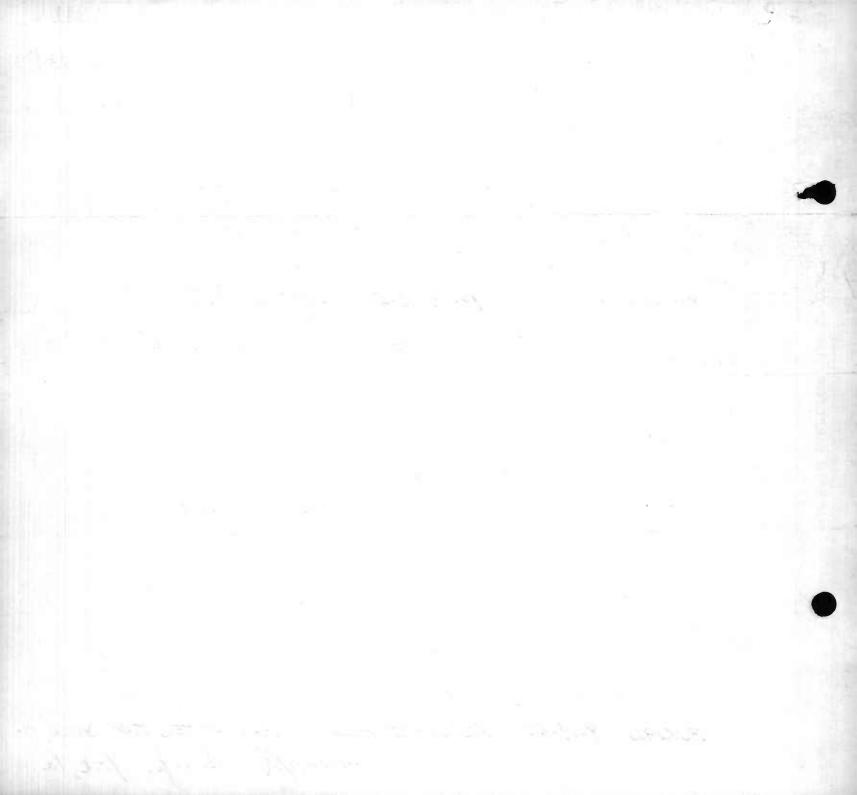
F-50	n wan	BALTIMORE CIT	Y HEALTH DEPARTMENT	(5) 5000
BIRTH NO.	0 01	CERTIFICA	ATE OF DEATH Registered No	67 7939
M.E. CASE NO.	CEASED Bessie		2. DATE AND HOUR OF DEAT	H
Type or Print)	13ESS1	IE EMGE	17 AUGUST 19	167 13:10 P
PLACE OF DE	ATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admission
FULL NAME (OF (If nat in hospital or	institution, give street	MARYLAND Baltimo	re
HOSPITAL OR	oddress or location)			e RURAL ond give township)
1	BALTIMORE CI		Essex (21)	63-00
	4940 EASTERN		D. STREET ADDRESS (If turol, give locotion) 344 SASSAFRAS ROAD	21221
. SEX		224, MARYLAND, MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hr
FEMALE	WHITE	WIDOWED, DIVORCED (specify) MARRIED	7-14-03 lost birthdoy/	Months Doys Hours Min.
	UPATION (Give kind of work) (working life, even if retired)	B. KIND OF BUSINESS OR INDUSTR	Y 11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House	wife	Home	MARYLAND	U.S.A.
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME	
	GEORGE	WILLIAMS	ALICE DISNEY	
5. Was Deceases	d Ever in U. S. Armed Force n) (If yes, give wor or dotes	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS MD.
No		219 16 3855	RECORDS: BCH 4940 EASTER	-
18. df 4	4 (3 Xi	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEA	SE OR CONDITION DIREC	CTLY .	,	ONSET AND DEATH
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	nal mean the made of d	ying, e.g., DUE TOO	M	
	, asthenia, etc. II means th mplication which caused d	ealh.)	gestive Heart failur	
	ANTECEDENT CAUSES	(8)	regular Heart factor	
DISEASES	OR CONDITIONS, if an	DUE TO		
rise to th	ne abave cause (A) s		ema	
UNDERLYIN	G CONDITION last.			
OTHER SIGN	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	NTDIRLITING		
E 10 IIIE E	DEATH BUT NOT RELATE	ED TO THE		
19A. DATE O	F OPERATION 198. CONDI	TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 8. IF YES, WER	E FINDINGS CONSIDERED
19A. DATE O	WAS PERFO	RMED	NO IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF		in or obout 21 C. WHERE DID (If in Boltimo	ore City, give exoct location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY		While At Not Wh		
22 1				August 10
		ottended the deceased from		AUGUST 1960)
) lost sow the deceased			pinion deoth occurred an the do
		d obove (I) (We) (did) (did not)	view the body after death.	
23A. SIGNATI		1 - 1		23 B. DATE SIGNED
1/1	udrael K. 1	he = philla M.D. A	Itending Med. Stoff Phys.	17 au gust 1967
23C. PHYSICIA	AN'S Type		23D. ADDRESS BALT	IMORE 212240 MD.
	Land Control of the C	L R. MC MILLAN M.D	BALT/IMORE CITY HOSPITAIS	1910 EASTERN AVE.
REMOVAL	EMATION, 248, DATE	24C.NAME of CEMETERY OF C		City, town, or county) (State)
Burial	8/21/67	Belair Memorial	Contine Palain 142-1	
25A. DATE REC'D		5B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	AUG 21 1967	Robert E. Forberns	Kinn Mink	grake.
VS 150-REV. 1/1/	/65	march - 1 grantening	O Brazdzinski Tuneral Hon	no 1407 Eastern Ave
- 1 my = NE V 0 1/ 1/	~ ~			



	AME OF DECE e or Print)	Jane L.	Masen	heimer	2. DATE	Aug 17, 19	
3. P	LACE OF DEAT	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If	institution: residence before odm
F	ULL NAME OF	(If not in hospital	or institution, a	ve street	Md.		
H	OSPITAL OR	oddiess oi locotio			C. CITY OR TOWN (IF	outside eity limits, write	e RURAL and give township)
^						imore.	0/-3
U		1734 Sherv	wood Ave.	To the text of	D. STREET ADDRESS	(If rurol, give location)	
					1734 Sherwo		
5. S		6. RACE	WIDOWED,	DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours
	ale	White	Widowe	ed.	6/7/1889 Y 11. BIRTHPLACE (Stote or f	78	In Citizen or
done	during most of w	orking life, even if retired)			I II. BIXINFLACE (Store or I	oleign country)	12. CITIZEN OF WHAT COUNTRY?
		(Retired)	J.H.Fi]	bert.	Md.		
13. [FATHER'S NAM	E		B. J. Carlotte	14. MOTHERS MAIDEN N	IAME	
		?			?		
		Ever in U. S. Armed For (If yes, give wor or dote		6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		,,,,,		JEGORIII NO.	Emma E.Wolfki	11 1734 Sher	art boom
	18. 4. 2	0.11		CAUSE	OF DEATH	4 7 7 21101	INTERVAL BETWEE
		OR CONDITION DI		^	0	1. 1 '	ONSET AND DEAT
		LEADING TO DEATH		(A) C	o wary 7	Montoons	2 5 minus
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MEDICAL CERTIFICATI	DISEASES OF THE DESCRIPTION OF T	asthenia, etc. II means slication which caused NTECEDENT CAUSES R CONDITIONS, if abave couse (A) CONDITION lost. II CANT CONDITIONS CATH BUT NOT RELACED NOT NOT RELACED NOT CONDITION CAUSING OPERATION 198, CONDITION CAUSING OPERATION 198, CONDITION CAUSING OPERATION 198, CONDITION (Mass PER CAUSE OF Medical examiner) That (1) (this hospital courses show the decease from the couses stored the couse stored the couses stored the couses stored the couse stored the cou	any, giving sloting the CONTRIBUTING ATED TO THE IT. WHOTHOUT 21E. Whill Work I) ottended the ed ollve on	PLACE OF INJURY (e.g., form, foctory, street, INJURY OCCURRED At Wor At Wor deceased from	20A. AUTOPSY? (Yes or No in or obout 21C. WHERE DID office bldg., INJURY OCCUR: 21F. HOW DID ite 19 ond view the body ofter decitending Med.	No) 208. IF YES, WER IN CERTIFYING CO. (II in Boltim INJURY OCCUR?) 19 6.2 to	DE FINDINGS CONSIDERED CAUSES OF DEATH? There City, give exect locotion) 19 19 19 23B, DATE SIGNED 8 1 8 6
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IMPORTANT

FUNERAL DIRECTOR:



VS 150-REV. 1/1/65

make a great BALTIMENE

Which memorial Hospital

BIRTH NO.	67	/9/13	RECITY HEALTH DEPARTMENT FICATE OF DEATH Registered No.	67 7943
1. NAME OF	DECEASED	M. WEHNER	2. DATE AND HOUR OF DEAT August 15	
FULL NA HOSPITAL INSTITUTI	ON Baltimore C 4940 Easter	l or institution, give street on) City Hospitals	A. USUAL RESIDENCE (Where deceased lived, If B. COUNTY Md. Baltimo	institution: residence before admission) TO RURAL and give township)
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during m	ost of working lite, even if retired) OUSE Work		DUSTRY 11. BIRTHPLACE (State or foreign country) Sparrows Point , Md. 14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY? U.S.A.
	John T. Bloc	odsworth	Minnie Mae Stokes	
15. Wos Dec (Yes, no or un	eased Ever in U. S. Armed Fo known) (It yes, give wor or do	tes of service) 1 6. SOCIAL SECURITY NO	Matthew Wehner , Sr.	ADDRESS Seme
OTHER TO THE DISEAS	CIDENT WAS UNDERLYING [ITRIBUTING CAUSE OF (notify medical examiner)]	d dying, e.g., s the disease, d death.) S (B) OUE ony, giving slating the (C) CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REFORMED 21 B. PLACE OF INJUR home, form, foctory, s etc.) (Hour) 21 E. INJURY OCCURR	And 20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING CO. RY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? RED 21F. HOW DID INJURY OCCUR?	E FINDINGS CONSIDERED AUSES OF DEATH? OTE City, give exact location)
(APPRO)	1)	While At N A	Not White	19
23C. PHY NA.	(we) last saw the deceaser and from the causes standard NATURE	A. Rodgers 24C. NAME of CEMETERY		238, DATE SIGNED DOPE , 21221 , Md. City, town, or county) (Stote) Hill Rd., Ba.Co,, Md.
VS 150~REV.	AUG 21 1967	Rent & Farling	17 0 /ht 1 to 901 3	S. Conkling St.

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67 7944 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7944

M.E. CASE NO.				(1)	
1. NAME OF DECEASED (Type or Print)			August 16, 1967 2:00 am. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 8. COUNTY.		
ROBERT	J GER	ST DEAD	M HISHAL PESIDENCE	August 16.	L967 2:00 am.
S. FEACE IN BACHINORS MARIEARE	, WHERE PROMO	ONCED DEAD		1 B	altimore
FULL NAME OF (IF NOT IN HO HOSPITAL OR ADDRESS OR L	SPITAL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOWN	ulu	ite RURAL and give township)
INSTITUTION			habelelelelele	1 Dundalk	53710
			D. STREET ADDRESS	(If rurol, give location)	
UNION MEMORIAL HOS	SPITAL		1700 Ri	ita Road # 21	222
5. SEX 6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs.
Mala		DIVORCED(specify)	Apr. 27,1	017	Months Doys Haurs Min.
Male White	work TOB KIND O				12. CITIZEN OF
done during most of working life, even if reti Retired	Humble	Oil Co.	Balti	more . Md.	WHAT SOUNTRY?
3. FATHER'S NAME			14. MOTHER'S MAIDE		
Peter H.	Gerst		Ag	nes Sindel	
15. WAS DECEASED EVER IN U.S. AR		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes, na arunknawn) (If yes, give war ar	dates at service/	218-09-9034	Violet M	Gerst	Same
1B @ ^ 3	•	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR COMPITION	DIRECTIV				ONSET AND DEATH
DISEASE OR CONDITION LEADING TO DE		(A) Cra	niocerebral	injuries	
(This does not mean the mod- heart failure, asthenio, etc. It m injury ar complication which cou	eons the diseose,	DUE TO	, , , , , , , , , , , , , , , , , , ,		***************************************
ANTECEDENT CA	Here				
DISEASES OR CONDITIONS,		(B)DUE TO	•••••	10~700000000000000000000000000000000000	
RISE TO THE ABOVE CAUSE (A	A) STATING THE	301 10			
		(C)			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU					
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT					
DISEASE OR CONDITION CAU	SING IT.				
19A, DATE OF OPERATION 19B,	PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Ye	s or No. 208. IF YES, WERE I	
₹ 21 A. EXTERNAL CAUSE WAS	218	PLACE OF INJURY (e.g.	YES	E DID (If in Baltimore City,	S sive exact location)
UNDERLYING FOR CONTRIB-	hame	e, farm, foctory, street, a	ffice bldg., INJURY OC	CUR?	4
3		Street	430	7 White Ave.	
OF INJURY		TE. INJURY OCCURRED		DID INJURY OCCUR?	
(APPROX.) 8 15 67	12:30 p.	WORK XX AT W	ORK Su	bject fell to s	ground while painti
22. I certify that I held an	Inquiry 🗌	Inspection Aut	apsy XX and the	at on this basis, death in	my apinian on the job
resulted fram: Natura	couses	Accident X Suicid	7		
		4		CAL EXAMINER X	
ACTUAL SIGNATURE	Hom	her M.D.	ASSISTANT MEDI	CAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Russ	-11 C 7	aham M D	ASSOCIATE MEDI	CAL EXAMINER	4 . 16 1068
23A. BURIAL CREMATION, 238, DAT	E 23	sher, M.D.	CREMATORY	23D. LOCATION (Ci	August 16, 1967 ty, tawn, or county) (Sigle)
REMOVAL (Specify) Burial 8-1	9-67	Oak Lawn		7225 Eastern	Blvd.Ba.Co., Md.
AUG 21 196		of registrar & farburna	laharles	A Pailer Balt	S. ConRing St.
V\$ 151-REV. 1/1/65	1 9	5 / 1	- Continued	3 11	1/

Telegraphy wently all . S. J. Martine Design TOTAL TENEDRO AND FORMAL STATES enderstand in 10s

BIRTH NO. M.E. CASE NO.		(3/1.)		Dantasad Ma	
MIL CASE NO.	0,	7945 CERTIFICA	TE OF DEATH	Registered No	0. 01. 1040
I.NAME OF DEC	CEASED		2. DATE A	ND HOUR OF DEAT	TH
(Type or Print)	PORRETE	ON MANIVAL	11 9/17	11.7	10 40 0
3. PLACE OF DE	ATH IN BALTIMORE MA	ON MADLYN	14. USUAL RESIDENCE (Wh	ere deceased lived 16	institution; residence before admissi
			A. STATE B. COU	NTY	manufacture belove outilisas
FULL NAME	OF (If not in hospital	or institution, give street	MARYLAND		
HOSPITAL OR	oddress or locotio	n)	C. CITY OR TOWN (If o	utside city limits, writ	e RURAL ond give towarhip)
2		110001711	BALTIMORE		9-00
2 THE 10	HNS HOPKINS	HOSPITAL		frurol, give location)	
			1836 NORTH	SPRING STR	REET
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 h
FEMALE	NEGRO	SEPARATED (specify)	6-16-22	lost birthdayl	Months Doys Hours Min
		10B, KIND OF BUSINESS OR INDUSTRY			120 6177511 65
done during most of	working life, even if retired)	Total Mitto Of Dodiness Ok Mitoosik	TI. DIKITITEACE (SIBIE OF 101	eigh country)	12. CITIZEN OF WHAT COUNTRY?
Balto. Co	untry Club	Head Waitress	Virginia		U.S.A.
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN NA	ME	- 101111
MAITE	DIIDVE		VIDCINIA	HOUES	
	BURKE Ever in U. S. Armed Fer	16.500	VIRGINIA H	UGHES	
(Yes, no or unknow	(If yes, give wor or dote	es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no		215-24-5822	Mrs. Virginia	Britt 1836	N. Spring St. 2121
18.	1 4		OF DEATH	BILLE 1030	INTERVAL BETWEEN
	9			0	ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY	111	0 11/	0.1
	LEADING TO DEATH	100 66	Meningovasco	War July	ulex
(This does	not mean the mode of	dying, e.g., DUE TO	7		
heori failure,	asthenio, etc. It meons	the disease,	0		
	ANTECEDENT CAUSES	DUE TO			
	OR CONDITIONS, if				
	e above couse (A) G CONDITION lost,	sloling the (C)			**************************************
	11				
Z					
	IFICANT CONDITIONS C				
TO THE D	IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	T. THE			
TO THE D	IFICANT CONDITIONS OF CONDITION CAUSING IF OPERATION 198. CON	T. DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N		E FINDINGS CONSIDERED
TO THE D	IFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING I	T. DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N		E FINDINGS CONSIDERED CAUSES OF DEATH?
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67 8	BALTIMORE CIT	TY HEALTH DEPARTMENT	67 7946
81RTH NO. 67. 7	CERTIFICA	ATE OF DEATH Registered	
M.E. CASE NO. 1, NAME OF DECEASED Type or Print) IRMA BL	IRNS	2. DATE AND HOUR OF DE	25 A.MI
3. PLACE OF DEATH IN BALTIMORE, MARYLANI		4. USUAL RESIDENCE (Where deceased lived	I. If institution; residence before admission
FULL NAME OF (If not in hospital or instit	tution give street	BALTIMO	ORE
HOSPITAL OR oddress or locotion) INSTITUTION	give sheet	C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
	of Mangland	RALTIMORE	MARVIAND 25-4
1,000	0 8	D. STREET ADDRESS MENTOL OF TOCORO	on)
SEX 6. RACE 7. MA		T9T2 MATSET STREET	
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	S. DATE OF BIRTH 9. AGE (In years lost birthday) 5	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KI one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		BALTIMORE, MD.	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	U.D.A.
GEORGE PHUMPHREY		SADTE CADD	
5. Was Oeceased Ever in U. S. Armed Forces? es, no or unknown (If yes, give wor or dates of se	1 6. SOCIAL	SADTE GADD 17. INFORMANT	AODRESS
		W I DIDNE TOTE MATERI	CM DAT MERCON
NO	NONE	W.J. BURNS 1912 MAISEL OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH	(A) Ma	ssine gan In Inter lin	il 2 dans
(This does not mean the mode of dying, heart failure, asthenia, etc. 11 means the di	e.g., DUE TO	Rued	
injury ar camplication which caused death.			0.
ANTECEDENT CAUSES	OUF TO	jangun hepr h	J. I will
	giving	lein's clerchic Usea	
rise to the obove couse (A) stating	The (C)		
П	0.1	4	,
OTHER SIGNIFICANT CONDITIONS CONTRI		elino voisinlan Acui	dent
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE WITH THE	miphipai - Left.	
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, V	VERE FINOINGS CONSIDERED G CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INTERVIOR	in or obout 21C. WHERE DID (If in 8o	oltimore City, give exact location)
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street,	office bldg., INJURY OCCUR?	sumore City, give exoct loconons
U I			
21D. TIME (Month) (Doy) (Year) (Hour		21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not WI	nite L	
22. I certify that (1) (this hospital) atter	nded the deceased from	8 18 1967 10	8 20 19 6
that (1) (we) lost saw the deceased aliv	e an 8 20	19 6 2 and that in (my) (our) opinion death occurred on the d
and hour and from the causes stated abo	ove. (I) (We) (did) (did not)		
23A. SIGNATURE	0		23B. DATE SIGNED
) · Mac	M.O. A	ttending Med. Stoff Phys.	4/20/67
23C. PHYSICIAN'S		23D. ADDRESS	100
NAME (Type) J. NOB	LE M.C	hullinger, thepat al	To the land
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	150, Astronton	(City, town, or county) (State
REMOVAL (Specify)	1 1	R. 11	m
SA. DATE REC'D W HEALTH DEPT. 258. N	MOUCIEN YA	RK BAHINO	Re- 1114.
AUG 21 1967 77	Br & Fr. O. M.	2SC. SUNEBAL DIRECTOR	AODRESS
HOK	Mary James	MIDWAY DOE	UKI I IVE
S 150-REV. 1/1/6S			



IMPORTANT

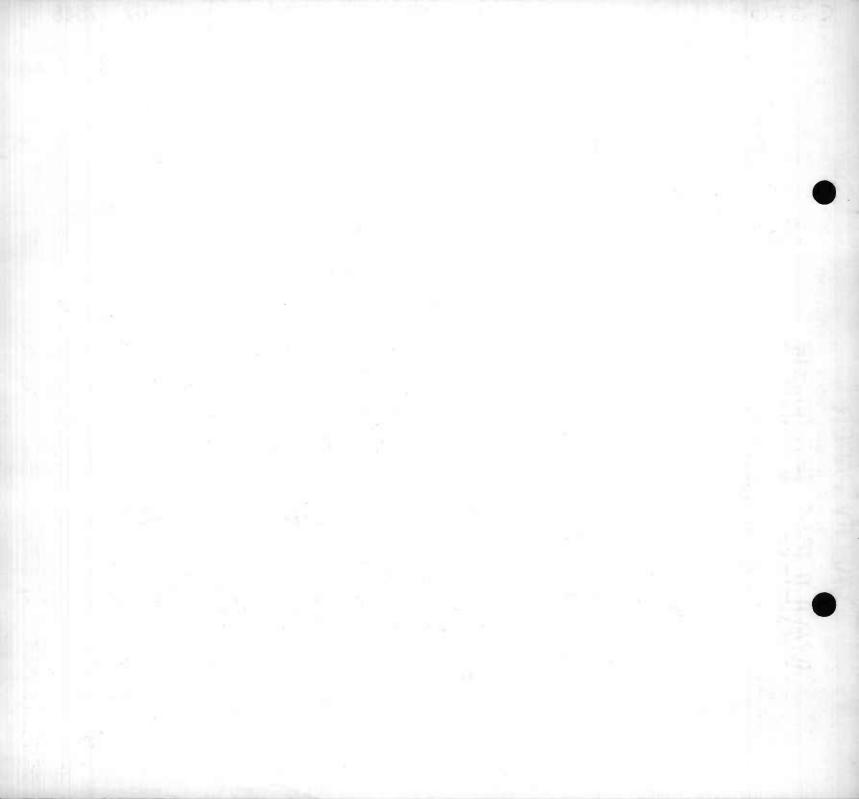
DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/65



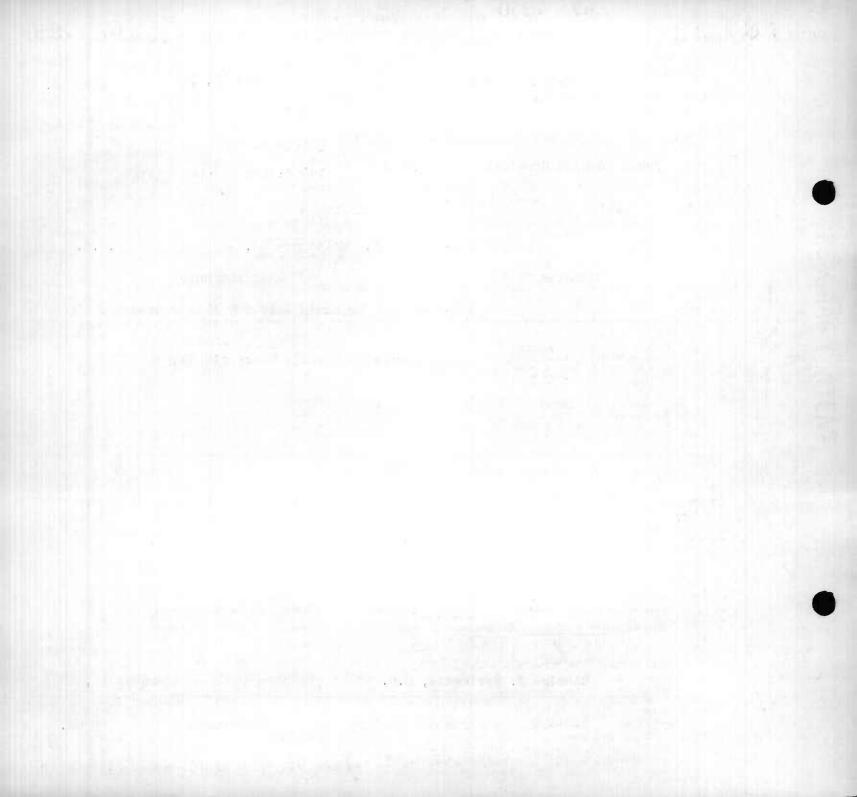
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BALTIMORE CITY HEALTH DEPARTMENT

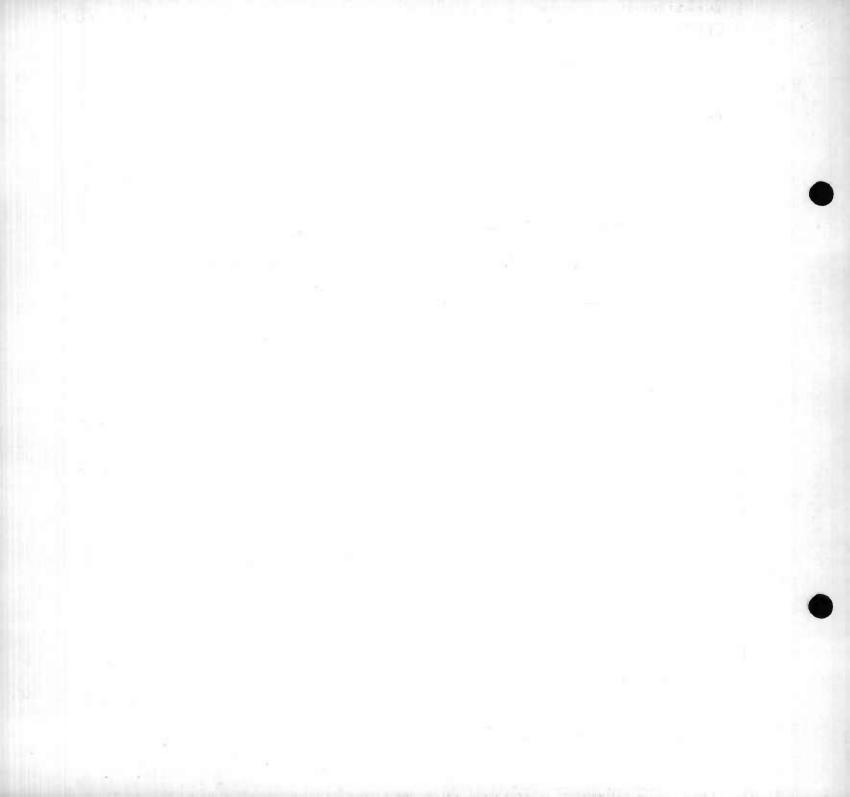
BIRTH NO.	MILD	ICAL LAAMIIALKS C	LKIIIICAI	LOIL	LAITINEGISI	F140 110.
M.E. CASE NO.			12			
1. NAME OF DEC (Type or Print)	WILL	IAM WOLF			t 17, 1967	
3. PLACE IN BALTI	MORE, MARYLAND, W	HERE PRONOUNCED DEAD	I A. STATE		leceased lived. If ins B. CO	titution: residence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET ATION)	Mar	yland N (If outside		te RORAL and give tawnship)
INSTITUTION			Bal	timore		63 -00
Joh	ns Hopkins H	Hospital (DOA)	D. STREET ADDRE			21236
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Male	White	WIDOWED, DIVORCED (specify) Widowed	6-18-1890		lost birthdoys	Months Doys Hours Min.
IOA. USUAL OCCU	PATION (Give kind of wor	k TOB KIND OF BUSINESS OR INDUST		tate or foreign	country)	12. CITIZEN OF
dane during most of w	rarking life, even if retired).	American Refining	Ch Baltim	ore Md.		U.S.A.
13. FATHER'S NAM		American reliming	14. MOTHER'S MA	DEN NAME	•	U.D.A.
	Nicholas	Wolf		Anna	Blankner	
15. WAS DECEASED	EVER IN U.S. ARMEI	FORCES? 16. SOCIAL	17. INFORMANT	241110	Diamina	ADDRESS
No No	(II yes, give war ar dat	security No. 212-10-1463.	A Mr Edwin	Wolf]	109 Elinor	Avenue 21236
18. 4 0	2.0	CAUS	E OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEAS	E OR CONDITION D	IRECTI Y				ONSET AND DEATH
	LEADING TO DEATH	Arte	eriosclerot	ic hear	t disease	
heart lailure,	ot meon the made at asthenia, etc. It means	dying, e.g., DUE TO				
injury or com	aplication which coused	death.)				
A	NTECEDENT CAUSE	S (B)				
DISEASES C	OR CONDITIONS, IF	ANY, GIVING DUE TO				
UNDERLYIN	G CONDITION LAST.					
NO		(C)		***************************************		
OTHER SIGN TO THE I DISEASE OR 19A. DATE OF	II IIFICANT CONDITIONS	CONTRIBUTING				
TO THE	DEATH BUT NOT RE	LATED TO THE				
19A, DATE OF	OPERATION 198. CON	NDITION FOR WHICH OPERATION	20 A. AUTOPSY?	(Yes or No) E	OR IF YES WERE F	INDINGS CONSIDERED
2		REDRAED			N CERTIFYING CAL	
ZIA, EXTERNAL		218. PLACE OF INJURY (e.g.,	in or obout 21C, WI	HERE DID (I	f in Boltimore City,	nive exact location)
21 A. EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	hame, farm, factory, street, etc.)	affice bldg., INJURY	OCCUR?		
21 D TIME OF INJURY	(Manth) (Doy) (Yea	or) (Hour) 21E. INJURY OCCURRED	21 F. HO	M DID INTO	RY OCCUR?	
(APPROX.)		m. WHILE AT NOT	WHILE WORK			
22. 1 certi	ify that I held on	Inquiry Inspection X A	utopsy ond	that on this	s basis, deoth In	my opinion
result	ed from: Notural co	ouses X Accident Suici			ndetermined mont	ner
	00 1	10,0	CHIEF ME	DICAL EX	AMINER	DATE SIGNED
SIGNATI	JRE Man		. ASSISTANT ME	DICAL EX	AMINER X	DATE SIGNED
EXAMIN NAME (T	ER'S Charle	es S. Springate, M.D	ASSOCIATE ME	DICAL EX	AMINER	August 18, 1967
23A, BURIAL CREA		23C. NAME of CEMETERY	or CREMATORY	23 D. LC	CATION (Cit	y, town, or county) (Stote)
Burial	8-21-				Ltimore	Md.
24A. DATE REC'D		24B, NAME OF REGISTRAR	24C. FUNERAL	LDIRECTOR		ADDRESS 36
	AUG 21 1967	Robert E. Janky M.	Lanc	Freds	uneral Ha	- 7481 Belan Ki

VS 151-REV. 1/1/65



DIRECTOR:

FUNERAL



VS 151-REV. 1/1/65

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 7952

PLACE IN BALTIMO	RΔ	YMOND BROWN		2. DATE AND HOUR PRONC				
			A. USIIAL RESID	August 17, 19	967 4:25 P. N			
			1	aryland	If institution: residence before odmissio			
ULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITUTION, GIVE STREET	C. CITY OR TO	WN (II outside corporate limits	, write RURAL and give township)			
NOITUTION				altimore	6-00			
Church F	Home Hospit	a1 (DO	Δ)	D. STREET ADDRESS (If much give location)				
				3 N. Broadway				
Male 6. R	White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Divorced	7-30-19	lost birthdoy	yeors If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.			
OA. USUAL OCCUPAT one during most of working		108. KIND OF BUSINESS OR INDU		(State or foreign country) h Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
B. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME				
	William Ma	ack Brown		Sally Buffkin				
es, no or unknown), (If y			17. INFORMANT		ADDRESS			
			Lenue B	uffkin, Rock Hil	11, S.C.			
ANTE DISEASES OR (RISE TO THE AB UNDERLYING (nenio, etc. Il meons ofion which coused d ECEPENT CAUSES CONDITIONS, IF A BOVE CAUSE (A) ST CONDITION LAST.	NY, GIVING DUE TO (C)						
OTHER SIGNIFIC	CANT CONDITIONS							
OTHER SIGNIFIC TO THE DEA DISEASE OR CO	CANT CONDITIONS (TH BUT NOT REL ENDITION CAUSING	ATED TO THE	ty metamorph	osis of liver				
TO THE DEA DISEASE OR CO	ATH BUT NOT REL DIDITION CAUSING ERATION 198, CONI WAS PERF AUSE WAS CONTRIB-	ATED TO THEEat DITION FOR WHICH OPERATION ORMED	Yes	? (Yes or No) 208, IF YES, WE IN CERTIFYING YOUNGER DID (If in Boltimore C	ERE FINDINGS CONSIDERED CAUSES OF DEATH?			
21A, EXTERNAL CAUSE OF UTING CAUSE OF	ATH BUT NOT REL DIDITION CAUSING ERATION 198, CONI WAS PERF AUSE WAS CONTRIB-	ATED TO THE IT. Fat DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY home, form, foctory, streetc.) (Hour) 21E. INJURY OCCUR	20A. AUTOPS: Yes (e.g., in or obout 21C. Vest, office bldg., INJUR	? (Yes or No) 208, IF YES, WE IN CERTIFYING YOUNGER DID (If in Boltimore C	ERE FINDINGS CONSIDERED CAUSES OF DEATH?			
21A, EXTERNAL CAUNDERLYING OR UTING CAUSE CONTROL CAUSE CAUS	ATH BUT NOT REL DNDITION CAUSING ERATION 19B, CONI WAS PERF AUSE WAS CONTRIB- DF DEATH.	ATED TO THE IT. Fat DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (home, form, foctory, streetc.) (Hour) 21E. INJURY OCCUR WHILE AT	20A. AUTOPS: Yes (e.g., in or about 21C., 'eet, office bldg., INJUR RED 21F. H	Y (Yes or No.) 208, IF YES, WE IN CERTIFYING WHERE DID (If in Boltimore CY OCCUR?)	ERE FINDINGS CONSIDERED CAUSES OF DEATH? S. ity, give exact locotion)			
21A, EXTERNAL CAUSE OF INJURY (APPROX.) 22. I certify	AUSE WAS CONTRIB- PF DEATH. ONDITION CAUSING IPB, CONTRIB- ONTRIB- Onth) (Doy) (Year)	ATED TO THE IT. Fat DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (home, form, foctory, streetc.) (Hour) 21E. INJURY OCCUR WHILE AT WORK Inspection	20 A. AUTOPS: Yes Yes (e.g., in or about 21C. 1 NOT WHILE	Y (Yes or No.) 208. IF YES, WE IN CERTIFYING WHERE DID (If in Boltimore CY OCCUR? OW DID INJURY OCCUR?	ERE FINDINGS CONSIDERED CAUSES OF DEATH? S. ity, give exact location)			
21A, EXTERNAL CAUNDERLYING CAUSE COUNTING CAUSE	AUSE WAS CONTRIB- Onth) (Doy) (Year) that I held on Infrom: Natural course	ATED TO THE IT. Fat DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY	20A. AUTOPS: Yes (e.g., in or obout 21C., office bidg. INJUR RED 21F. H NOT WHILE Autopsy Autopsy CHIEF M	Y (Yes or No.) 208. IF YES, WE IN CERTIFYING WHERE DID (If in Boltimore CY OCCUR? OW DID INJURY OCCUR? d that on this bosts, death ide Undetermined in EDICAL EXAMINER	RE FINDINGS CONSIDERED CAUSES OF DEATH? S. iity, give exect locotion) h in my opinion monner			
21A, EXTERNAL CAUSE COUNDERLYING CAUSE COUNTY (APPROX.) 22. Certify resulted	AUSE WAS CONTRIB- Onth (Doy) (Year) that I held on Infram: Natural countries Charles Charles	ATED TO THE IT. Fat DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY	20A. AUTOPS: Yes (e.g., in or obout 21C. 'eet, office bidg. linjur RED 21F. H NOT WHILE Autopsy X on CHIEF N A. ASSISTANT N	Y (Yes or No.) 208. IF YES, WE IN CERTIFYING WHERE DID (If in Boltimore CY OCCUR? OW DID INJURY OCCUR? d that on this bosts, death	ERE FINDINGS CONSIDERED CAUSES OF DEATH? S. ity, give exact location)			
21 A, EXTERNAL CAUNDERLYING OR UTING CAUSE COUNTY (APPROX.) 22. I certify resulted ACTUAL SIGNATURE EXAMINER*	AUSE WAS CONTRIB- Onth) (Doy) (Year) that I held on Ir from: Natural courses Charles	ATED TO THE IT. DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY	20A. AUTOPS: Yes (e.g., in or obout 21C. 'eet, office bidg., INJUR RED 21F. H NOT WHILE 2 Autopsy Autopsy On CHIEF N M.D. ASSISTANT N D. ASSOCIATE N	Y (Yes or No.) 208. IF YES, WE IN CERTIFYING WHERE DID (If in Boltimore CY OCCUR? OW DID INJURY OCCUR? d that on this basis, death ide Undetermined in LEDICAL EXAMINER ALEDICAL EXAMINER	ERE FINDINGS CONSIDERED CAUSES OF DEATH? S. Considered Causes of Death? If y, give exact location) In my opinion conner DATE SIGNED			

Jague Surfiday, Medicilly 6.0.

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THE STATE OF THE S

7953 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 7953

A.E. CASE N	0.							
. NAME OF Type or Print)	DECEASED	WILLIAM	PRICE			ust 17, 196		
PLACE IN	BALTIMORE, MARYLA	ND, WHERE PRONOL	UNCED DEAD	A. STATE	ENCE (Where		itution: residence before admi	ission)
ULL NAME	OF (IF NOT IN H	HOSPITAL OR INSTITU	UTION. GIVE STREET		ryland			
IOSPITAL OR	ADDRESS OF	LOCATION)			vn (If outsid 1timore		RURAL ond give lownship)	3
				D. STREET ADD				
	Sinai Hos	pital	(DOA)			and Avenue		
SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRT	Н	9. AGE (In years	Months, Doys, Hours	4 Hrs.
Male	White	WIDO WED,	DIVORCED (specify)	2-14-19	13	54	INTOMATS DOYS 1 FIGURE	141111
			F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN OF	
	st of working life, even if i	retired)		North (Carolina		U.S.A.	
Pain FATHER'S				14. MOTHER'S M			0.0.11.	
K	Celly Price			Ar	na			
WAS DECE	ASED EVER IN U.S.	ARMED FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
:5, 110 01 011611	own, ar yes, give wor	or doles of service/	JECORITI NO.	Warren-	Miller	Funeral Hom	ne, Lenoir, N.	Car
18. 4	20.0		CAUSI	OF DEATH			INTERVAL BETW	WEEN
-	SEASE OR CONDITION						ONSET AND D	EATH
DISEAS RISE TO UNDER	ANTECEDENT C ANTECEDENT C SES OR CONDITION THE ABOVE CAUSE RLYING CONDITION	CAUSES S, IF ANY, GIVING (A) STATING THE	(B)					00000000000000000000000000000000000000
TO TH	SIGNIFICANT CONDITION OF	OT RELATED TO T			***			
19A. DATE	OF OPERATION 191	B. CONDITION FOR AS PERFORMED	WHICH OPERATION	20A. AUTOPSY		20B. IF YES, WERE FIR IN CERTIFYING CAUS Yes		
21 A. EXTE	RNAL CAUSE WAS	home	PLACE OF INJURY (e.g.,	in or obout 21C.	VHERE DID		ve exact location)	
UNDERLYII	CAUSE OF DEATH.	etc.)						
OF INJUR		(Yeor) (Hour) 2	TE. INJURY OCCURRED	21 F. H	THI DID MC	JRY OCCUR?		
(APPROX.)		m. \	WHILE AT NOT	WHILE				
22.	certify that I held	an Inquiry 🗌	Inspection Au	topsy X on	d that on th	is bosis, deoth in m	ny opinion	
re	sulted from: Natu	rol couses X	Accident Suicid	le Homic	de l	Indetermined monne	er	
	00	0 1	0.0	CHIEF	EDICAL EX	AMINER		
	UAL CLA	Me J.	M.D	ASSISTANT M			DATE SIGN	ED
EXA		rles S. Spr	ingate, M.D.	ASSOCIATE A			August 18, 1	967
A. BURIAL	CREMATION, 23B. D.	ATE 23	C. NAME OF CEMETERY	or CREMATORY	23 D. L	OCATION (City,	, town, or county) (Sto	ote)
Buria:	. 8-	-21-1967	Price Famil	y Cemeter	7 Le	enoir, North	Carolina	
	C'D BY HEALTH DEP	T. 248. NAME	OF REGISTRAR		AL DIRECTOR		ADDRESS	
	AUG 21 19	10'4 N	FE, Farley MO				Wilkens Ave.	2122
			1					

VS 151-REV. 1/1/65

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Call Date Colored

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PERSONAL PRINCIPLE

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Type or Print)	CEASED		2. DATE	AND HOUR OF DEAT	H 7 1		
	Caroline J			ugust 18, 196			
3. PLACE OF DE	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence belore admission A. STATE B. COUNTY				
FULL NAME	OF UI not in hasnital	ar institution, give street		d			
HOSPITAL OR	oddress or tacatio		Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
INSTITUTION			Morrell		20-4		
)	1935 Griffi	ss Avenue	D. STREET ADDRESS	(If rural, give lacation)	-		
	Morrell Par	k, Maryland	1935 Gr	iffiss Avenue	e		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., II Under 24		
Female	White	Married (specify)	7-11-1904	last birthday)	Months Doys Haurs Mi		
		LIOB, KIND OF BUSINESS OR INDUSTI			12. CITIZEN OF		
dane during mast o	f warking life, even if retired)				WHAT COUNTRY?		
	ewife		Maryla		U.S.A.		
13. FATHER'S NA			14. MOTHER'S MAIDEN	NAME			
G	eorge Dietz		Mary 1	Ruppe1			
5. Was Decease	d Ever in U. S. Armed Fa	rces? 16. SOCIAL	17. INFORMANT		ADDRESS		
i es, na ar unknow	(II yes, give wor or dote	es of service) SECURITY NO.	ALLEY				
18. 97 /		CALICE	Mr. John L.	Myers, 1935	Griffiss Ave. 212		
X 6	OXI				ONSET AND DEATH		
DISEA	SE OR CONDITION DI	RECTLY	7 .	20			
	LEADING TO DEATH	(A)	mycanda	I Muce	un Judde		
	not meon the mode of osthenio, etc. It meons	dying, e.g., DUE TO		//			
	mplication which coused	d deoth.)	1. 0.	Y 11. 11	n 2 -1-		
		d deoth.)	tenerelen	te Heart !	Ourage 2 year		
injury or co	ANTECEDENT CAUSES	d deoth.)	nyecada	te Keail !	Omare 2 yel		
DISEASES	mplication which coused	ony, giving	tenerelen Daceboter	the Heart !	Ouraire 2 years		
DISEASES	mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if	ony, giving	Duceloter	the Heart !	Ouraire 2 years 5 years		
DISEASES	mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if he obove couse (A)	ony, giving	Ducelvoter	te Keail ! Mellito	Ouraire 2 years		
DISEASES rise to the UNDERLYTH	mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if he obove cause (A) IG CONDITION lost.	stoting the (C)	Vaceloter	Mellito	Ouraire 2 years 5 years		
DISEASES TISE TO THE SIGN TO T	mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if he obove couse (A) IG CONDITION lost. II NIFICANT CONDITIONS (DEATH BUT NOT REL R CONDITION CAUSING	stoting the (C)CONTRIBUTING ATED TO THE GCUL	greene lef	Mellite	o yea		
DISEASES rise to 11 UNDERLYIN OTHER SIGN TO THE I DISEASE OF	MPICOTION WHICH COUSES ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) IG CONDITION lost. II WIFICANT CONDITIONS (DEATH BUT NOT REL. OF OPERATION 198. CON	Stoting the (C) CONTRIBUTING ATED TO THE IT.	Vaceloter	Mellite	o yea		
DISEASES HISE TO HE UNDERLYIN OTHER SIGN TO THE IDISEASE OF 19 DATE OF 19 DA	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) and condition lost. I antificant conditions (Conditions Conditions Causing of Operation 198. Conditions Causing C	Stoting the (C) CONTRIBUTING ATED TO THE IT. HOLTION FOR WHICH OPERATION FORMED WHICH WHICH LEAST ON THE INSTRUMENTAL CONTRIBUTION FOR THE INSTRUMENT FOR TH	greene lef	Mellite	Ourage 2 years 5 years E FINDINGS CONSIDERED CAUSES OF DEATH?		
DISEASES HISE TO HE UNDERLYIN OTHER SIGN TO THE I DISEASE OF TO T	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) IG CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Stoting the (C) CONTRIBUTING ATED TO THE IT. HOLTION FOR WHICH OPERATION FORMED WHICH WHICH LEAVE WHI	greene left 120A. AUTOPSY? (YOL)	Lug Lus	o yea		
DISEASES mise to the UNDERLYIN OTHER SIGN TO THE IDSEASE OF 19 DATE OF CONTRIBUTE OF	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) and condition lost. I antificant conditions (Conditions Conditions Causing of Operation 198. Conditions Causing C	Stoting the (C) CONTRIBUTING ATED TO THE IT. HOLTION FOR WHICH OPERATION FORMED WHICH WHICH LEAVE WHI	greene lef	Lug Lus	E FINDINGS CONSIDERED AUSES OF DEATH?		
DISEASES rise to # UNDERLYIN OTHER SIGN TO THE ID DISEASE OF DISEASE OF 19 DATE OF 21A. ACCID OR CONTRIB DEATH (nonli	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) IG CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Stoting the (C) CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.b. home, larm, foctory, street)	Greene left 20 A. AUTOPSY? (Yeld of the plant) 21 C. WHERE DI office bidg., INJURY OCCUP	Lug Lug T No) 20B F YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?		
DISEASES TISE TO THE TOTAL TOT	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) IG CONDITION lost. II VIFICANT CONDITIONS (DEATH BUT NOT REL. CONDITION CAUSING POPERATION 198. CONDITION CAUSING POPERATION CAUSING POPERATION CAUSING CAUSE OF CAU	Stoting the (C) CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g.) home, larm, foctory, street etc.) (Haur) 21E. INJURY OCCURRED	Decliped of the property of th	Lug Lus	E FINDINGS CONSIDERED AUSES OF DEATH?		
DISEASES TISE TO THE TO	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) IG CONDITION lost. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Stoting the (C) CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.b. home, larm, foctory, street)	Check left [20A. AUTOPSY? (Yet) of left [in ar about 21 C. WHERE DI office bldg., INJURY OCCUP	Lug Lug T No) 20B F YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?		
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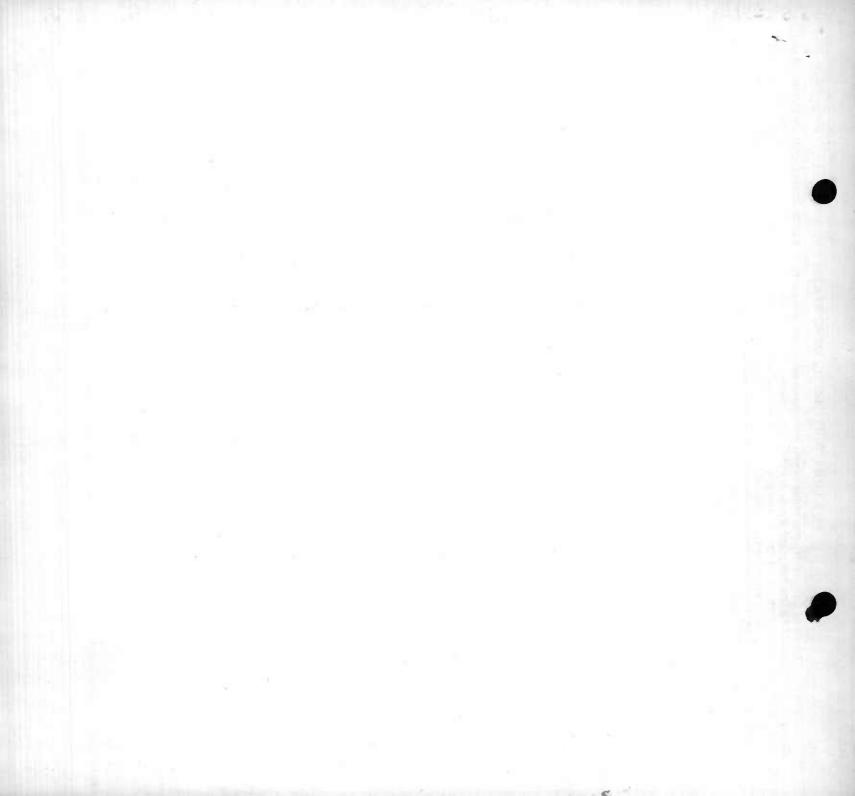


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LEWING VARIATION OF STREET HEERS IN THE MAN WAS A STREET OF THE STREET O

5-	5	5	2		
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death of	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the U	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suc	written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO.	67	1956		TE OF DEATH		67 7956
M.E. CASE NO. 1. NAME OF DE (Type or Print) 3. PLACE OF D		WELA. S	SIMO	4. USUAL RESIDENCE	AND HOUR OF DEATH	8 / P. institution: residence before admission
FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospitol of oddress or location) Maylar	r institution, give street	those	C. CITY OR TOWN TO Baltimore D. STREET ADDRESS	SUNTY f outside city limits, write (If rural, give location)	RURAL and give township)
s. sex Male	6. RACE White	7. MARRIED, NEVER A WIDOWED, DIVORG		3620 Wab	9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hours Min.
done during most of	CUPATION (Give kind of work I working tife, even if retired)		S OR INDUSTRY	11. BIRTHPLACE (Stote of Russia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	Oscar Sin	ions		14. MOTHER'S MAIDEN Baila	NAME	
15. Was Decease (Yes, no or unknow	d Ever in U. S. Armed Force (I) (If yes, give wor or dotes	of service) SECU	AL JRITY NO. 03-9908	17. INFORMANT Sidney R. Sim		ADDRESS
(This does heart failure injury ar ca	ASE OR CONDITION DIRI LEADING TO DEATH nal mean the made of , asthenia, etc. II means mplication which caused ANTECEDENT CAUSES	dying, e.g., the disease, death.)	(A) DUE TO		e Cardenasus	MINTERVAL BETWEEN ONSET AND DEATH A LEA Sudden Se Play (1963
UN DERLYIN OTHER SIGN OTHER SIGN OTHER DISEASE OF	OR CONDITIONS, if a che above cause (A) IG CONDITION last. III IIII IIII IIII IIII IIII IIII II	ONTRIBUTING FED TO THE	(C)	20 A. AUTOPSY? (Yes o		E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIE	ENT WAS UNDERLYING DUTING CAUSE OF	218. PLACE O home, lorm, etc.)	OF INJURY (e.g., i foctory, street, o	n or obout 21C. WHERE DI lince bldg., INJURY OCCUI	D (If in Bollime	ore City, give exoct locotion)
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23C. PHYSICI NAME	Multon A ANS (Type) MILTON EMATION, 1248. DATE	B. KRE 24C. NAME OF C			Staff Phys. 2/20/ al acts D. LOCATION	Slag Balto, Ma (Slag Balto, Ma)
BURIAL 25A. DATE REC	8/18/67	Ohel YO	akov Cong			Maryland 6010 Reist Rd.

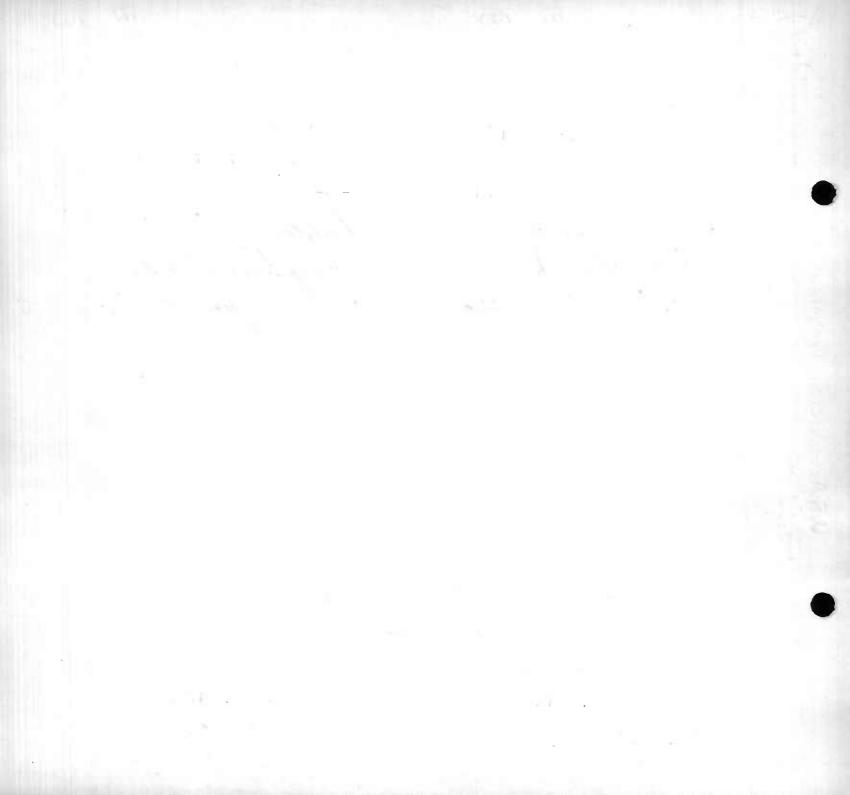


FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



2-10	67 7958 BAL	TIMORE CITY HEALTH DEPARTMENT	MOMO
BIR	RTH NO. 67 7958 CE	RTIFICATE OF DEATH Registered No.	7938
D 1.1	.E. CASE NO. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	A. 10 1
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, if institution; resi	dense before admission
		A. STATE B. COUNTY	dence beidle damasid
	ULL NAME OF (If not in hospital or institution, give street oddress or location)	MARY LA ND	
	NSTITUTION	C. CITY OR TOWN (If outside city limits, white RURAL and a	give loweship)
,	THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give location)	
		1517 BIDDLE STREET	
=	SEX 6. RACE 7. MARRIED, NEVER MA	ARRIED B. DATE OF BIRTH 9. AGE (In years If Under)	Yr. If Under 24 Hrs
	MALE NEGRO WIDOWED, DIVORCE	ED (specify) 9-21-29 lost_bighday) Manths D	lays Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS one during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZE	N OF COUNTRY?
01	Il man he hall to the the war from	Littleton M.C. A.	COUNTRY
3.	FATHERS NAME	14. MOTHER'S MAIDEN NAME	
	a die die	1. 1. 13. b.	
5.	. Was Deceased Eyer in U. S. Armed Forces? 16. SOCIA	L 17. INFORMANT	DDRESS
Ye	es, no ar unknown the yes, give war of dotes al service) SECUR	RITY NO.	10 > 10 .
_		8-1026 Florence Janes 15178	Beddy S
	18. 165 XI		NSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Mehstelic CadLung	
	(This does not mean the made al dying, e.g.,	DUE TO	~~~~
	heart lailure, asthenia, etc. It means the disease, injury ar complication which coused deoth.)		
	ANTECEDENT CAUSES	(B)	
	DISEASES OR CONDITIONS, if any, giving	DUE TO	
	rise to the above couse (A) stating the	(C)	
	UNDERLYING CONDITION lost.		
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
ERTIFIC		ERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS OF DE	ONSIDERED
CR		129	
ر	OR CONTRIBUTING CAUSE OF 21B. PLACE OF	FINJURY (e.g., in ar about 21 C. WHERE DID (If in Baltimare City, give ctary, street, affice bldg., INJURY OCCUR?	exact tacation)
7			
MEDI	21D. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY O		
2	(APPROX.) White At Wark	Not While Al Work	
	22. I certify that (A) (this hospital) attended the deceas	ed from 8/12 1967 to 8/17	196>
	that (F) (we) last sow the deceased alive on	8/17 19 / 2 and that In(*) (our) apinion death	
	and have and from the couses stated above. (7) (We) (die		
	23A. SIGNATURE	23B. DATE	SIGNED
	hm a y-X	M.D. Attending Med. Stoff	7/5
	23C. PHYSICIAN'S	Phys. Director Phys. 23 D. ADDRESS	10/
	23C. PHYSICIAN'S NAME (Type)	LEWIS HORIZING HOODITAL	
2.4	MURRAY A. KATZ		
4	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CE	METERY or CREMATORY 24D. LOCATION (City, town, or	county) (State)
	Kenny (lug/9/67	Filleton D.	Mestina
25	A DATE REC'D BY HEALTH DEFT. 258 NAME OF REGISTE	25C. FUNERAL DIRECTOR	ADDRESS
	The state of the s	Caster Mill Just 17 Colester 11.29 D.	acknow
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DIRECTOR:

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BALTIMORE CITY HEALTH DEPARTMENT

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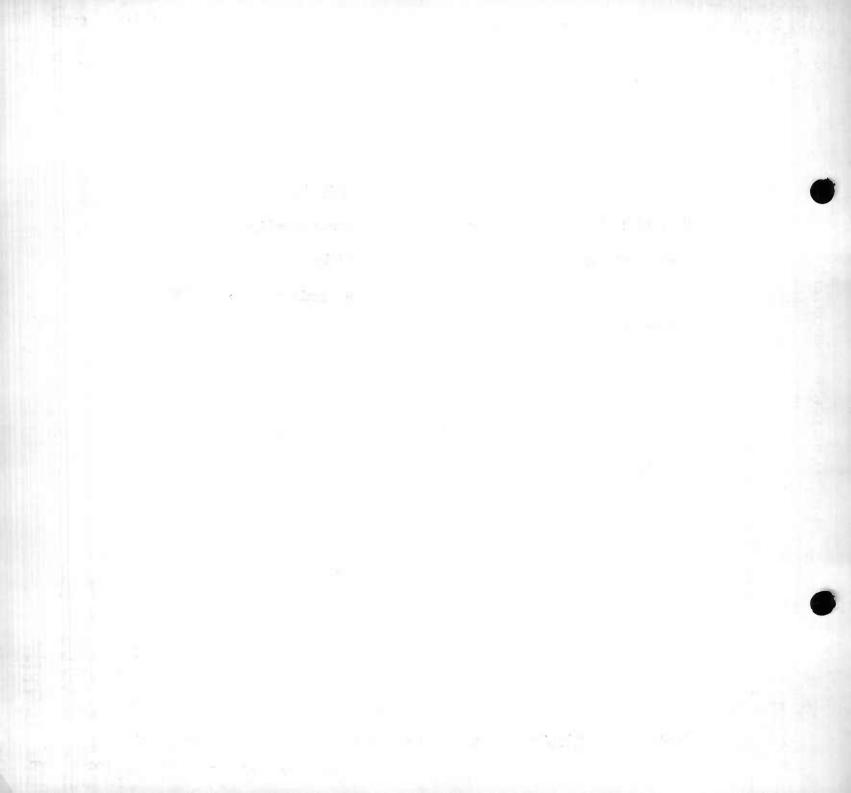
BALTIMORE CITY HEALTH DEPARTMENT



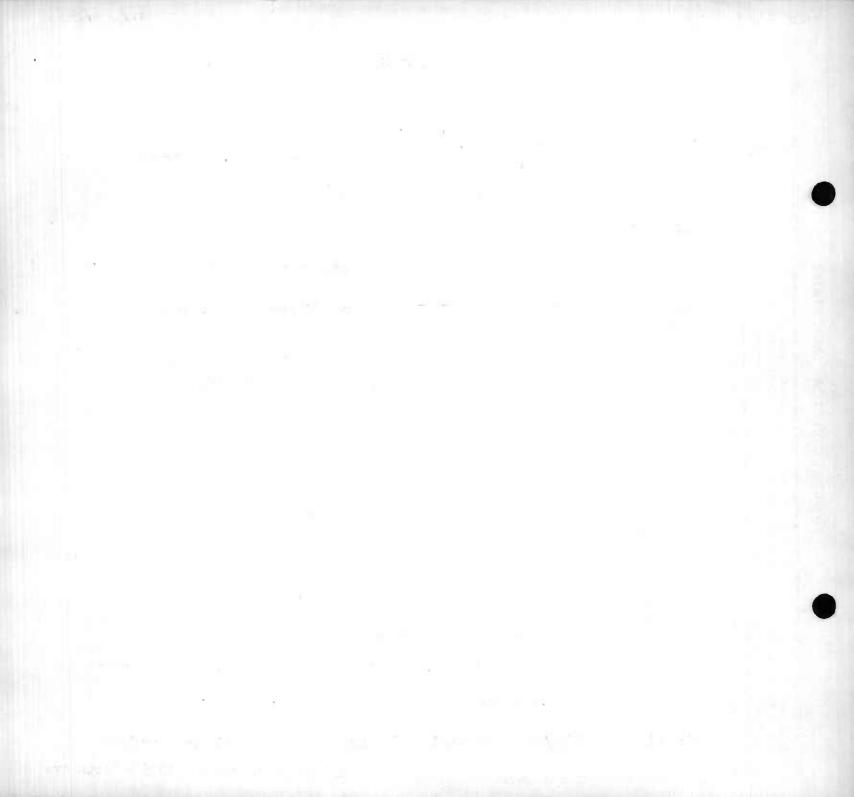
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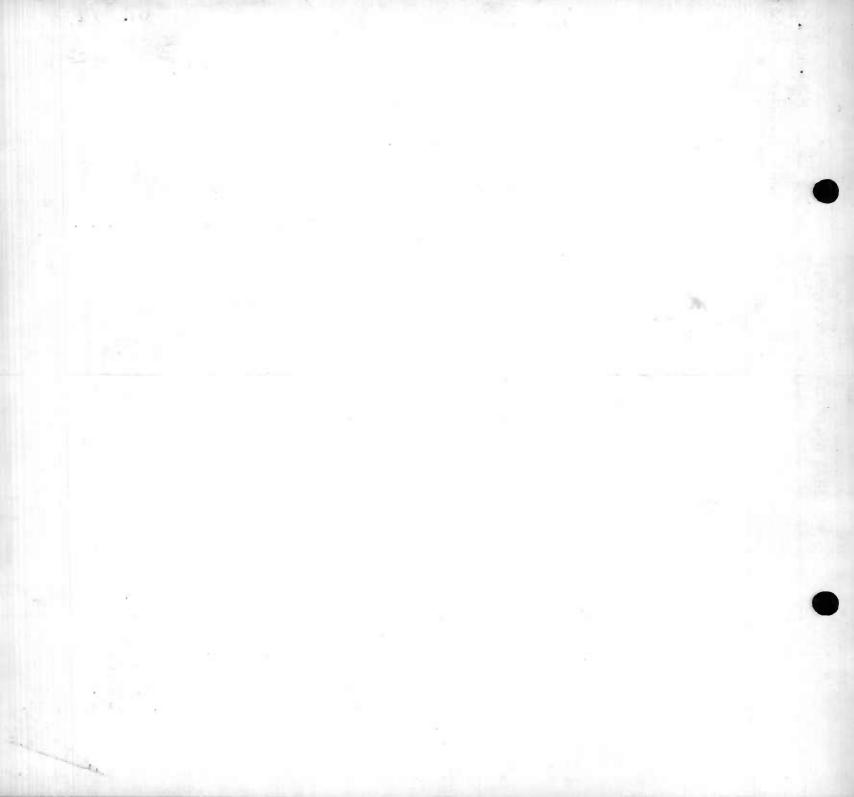


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6-11-11-12-55 The way of the LINCOLD NURSING HEME 864 Lemon ST Sir 18,079 67 + NEGEO W. JOWE) 5 4 ...-S 'S CAROLLIAN DE ENTHROLE - 1/0/ B

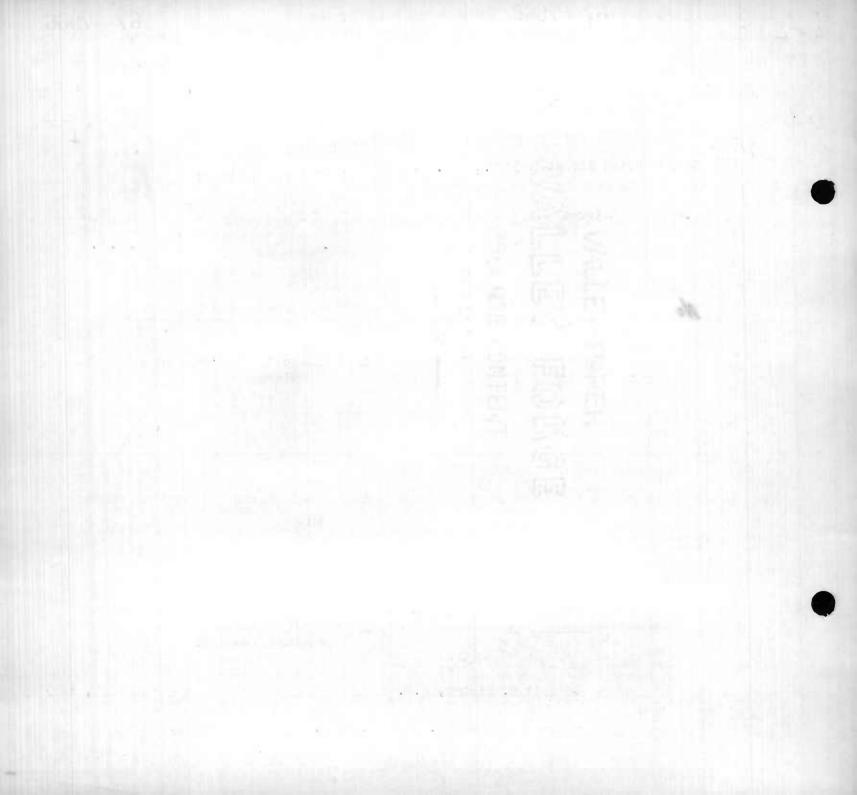
BIRTH N	ło.	67	7 75	365			F DEATH	Registered	No.	67. 7965
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(Type of	Jat	ers Em	mo				Au	191812	27	1405 A
3. PLAC	CE OF DEA	TH IN BALTIMORE, M	ARYLAND			A. STATI	L RESIDENCE (W B, COL	here deceased live JNTY	d. tr instituti	ion: residence before admissio
HOS	NAME O	F (If not in haspite oddress or lacati		on, give street		C. CITY		autside city limits,	write RURA	L and give low(ship)
2	Sina	ai Hospital	of Ba	ltimore	, Inc.	D. STREE	T ADDRESS	If rural, give locati	in)	
								ennsyl		ina Ave #1
5. SEX Fen	nale	6. RACE Negro	WIDO	WED, NEVER M WED, DIVORD Arried		B. DATE	2/04	9. AGE (In Year lost birthday)	s II Ma	Under 1 Yr. If Under 24 Hr nths Doys Haurs Min.
		JPATION (Give kind of wo warking lile, even if retired		OF BUSINESS	OR INDUSTR		PLACE (State of to Maryland		12.	CITIZEN OF WHAT COUNTRY?
13. FATI	HERS NAM	nk Marshal	Ll			14. MOT	Susan			
(Yes, no	ar unkno wn	Ever in U. S. Armed F		1 6. SOCIA	AL RITY NO.	17. INFO		2000		ADDRESS
1B.	15	- V			CAUSE	OF DEATH	edical R	ecora		INTERVAL BETWEEN
hed	is daes n art failure, ury ar cam	E OR CONDITION E LEADING TO DEATI not mean the made of asthenia, etc. It mean application which cause ANTECEDENT CAUSI	H of dying, on the disected death.)		(B) Me	tasli	tu dise	f Panco	toab	ore & months
rise	e to the	OR CONDITIONS, if a abave cause (A CONDITION last.) stating	The	(c) Su	pp	senic	abceso	abor abor	e month.
TA DI	/	FICANT CONDITIONS EATH BUT NOT RE CONDITION CAUSING	FWILD IO	THE THE	putur g	en	J 250 P	hogitis	, alco	holism
5 7/	1116	7 KXOS	ERFORMED T	OR WHICH OF	PERATION CO	contrained and	UTOPSY? (Yes of	No. 208, IF YES, IN CERTIFYIN	WERE FINDS	OF DEATH?
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	SIGNATU		_	00 (11/(11/0) (12	(3)	THE WILLIAM	ouy oner dean	,	23 B.	DATE SIGNED
	Cools	Bonn a	Spens	len =	M.D. A	Itending	Med. Director	Staff Phys.	(8/18/67
23C	NAME (T	ype)		10000	M.D		i Hospit	al of Bal		
24A. BU	IRIAL CRE	MATION, 24B. DATE	240	C. NAME al CI	EMETERY of C	REMATORY	24D.	LOCATION	(City, to	Baltimore, Md wn, or county) (Stole)
Bu	rial	8-27	3-67 	Balto.	Nat']		UNERAL DIRECT	Baltimo	re, l	aryland
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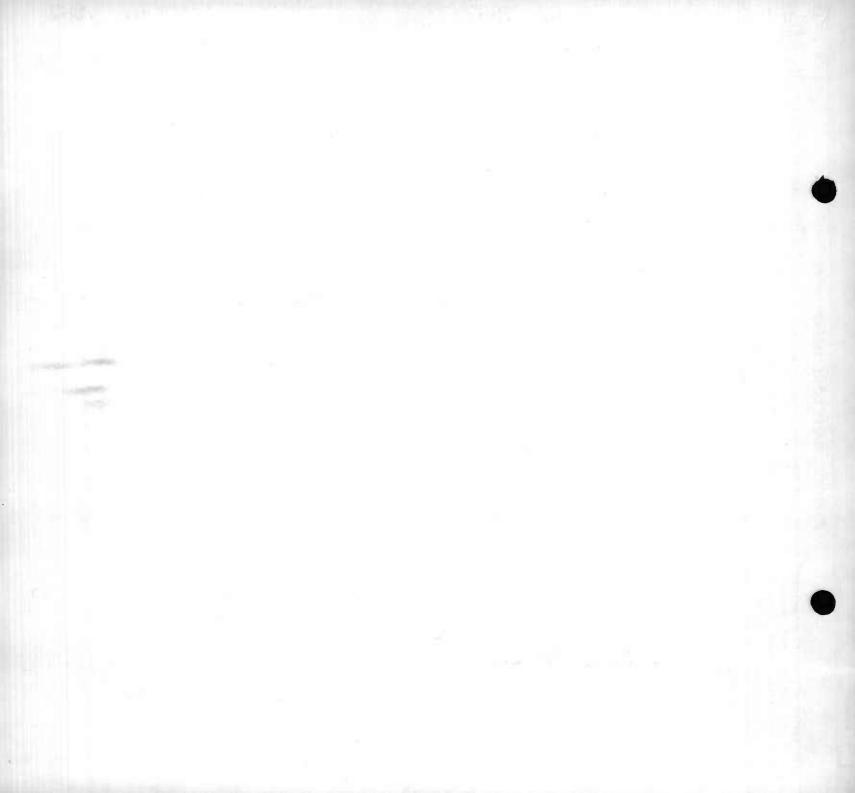


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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

DIKITI IVO.	MILD	ICAL LA	AMIII ALICO C	LKIIIICAIL	OI DEATH.	913101001101		
M.E. CASE NO.	CEACED			10	0 . T	0.110.073.07410		
(Type or Print)	EASED			2. DATE AND HOUR PRONOUNCED DEAD				
3. PLACE IN BALT	LAURA LEW		UNCED DEAD	4. USUAL RESIDENCE	August 18	If institution: residence before admission)		
				A. STATE		B. COUNTY		
FULL NAME OF HOSPITAL OR	ADDRESS OR LOC	TAL OR INSTITE	UTION, GIVE STREET	C. CITY OR TOWN	(If outside corporate limit	s, write RURAL and give township)		
INSTITUTION						11-00		
1015 D		D 2 .	20.0	D. STREET ADDRESS	(If rurol, give location)	10		
1215 Pa	rrish Street	-Balto.	, Md.	1215 Pa	rrish Street			
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In	years If Under 1 Yr. If Under 24 Hrs.		
			DIVORCED (specify)	6 10 06	lost birthdoy			
Female	Colored	Wido	WEQ F BUSINESS OR INDUSTR	6-18-06	61	12. CITIZEN OF		
done during most of	working life, even if retired)	NOW KIND O	1 803114E33 OK 114D0311		e or lorergii country?	WHAT COUNTRY?		
3. FATHER'S NAM	. F			Md.	FN NAME	U.S.A.		
					EN NAME			
	r Milllgan		10.000	Martha				
	D EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No				Edward B	rown 2807	Edgecombe Circle		
18.	0.01.		CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEASES RISE TO TH UN DERLYIF OTHER SIGN TO THE DISEASE O	INTECEDENT CAUSI OR CONDITIONS, IF E ABOVE CAUSE (A): NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT R R CONDITION CAUSIN OPERATION 19B, COI WAS PE	ANY, GIVING THE STATING THE STATING THE STATING THE STATES TO 1 TO	THE	20 A. AUTOPSY? (Y.		VERE FINDINGS CONSIDERED		
_	L CAUSE WAS	losa	BLACE OF INITIBY	NO				
UTING CAU	OR CONTRIB- SE OF DEATH.	home etc.)	PLACE OF INJURY (e.g., e, form, foctory, street,	office bldg., INJURY O	CCUR?	City, give exact location)		
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yes		WHILE AT NOT NOT NOT AT N	WHILE WORK	DID INJURY OCCUR?			
22.	16. Alma Lall					h ta an anti-ta		
	tify that I held an	(**)			at an this basis, deot			
rasul	ted from: Natural co	ouses X	Accident Suici			manner		
ACTUAL		Mon	her Mr	CHIEF MEDI	ICAL EXAMINER X	DATE SIGNED		
EXAMIN					ICAL EXAMINER			
NAME (Type) Russe	ell S. F	isher, M.D.			August 19, 1967		
23A, BURIAL CRE REMOVAL (Specify		23	C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION	(City, town, or county) (Stote)		
Burial	8_23_	67	Balto. Nat.	17 Com	Baltiman	han Image		
Andread made on a second	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL	Baltimor	ADDRESS		
	AUG 21 1967	000	20 Z. n	Kelson	Funeral Ho	me 1348 Calhoun S		
VS 151-REV. 1/1/		Unley	Te Manyante	7	O TOTAL THE	THE TOPO GATHOUIT L		
3 131°KEV, 1/1/	0.5	4 6	and the state of		*			





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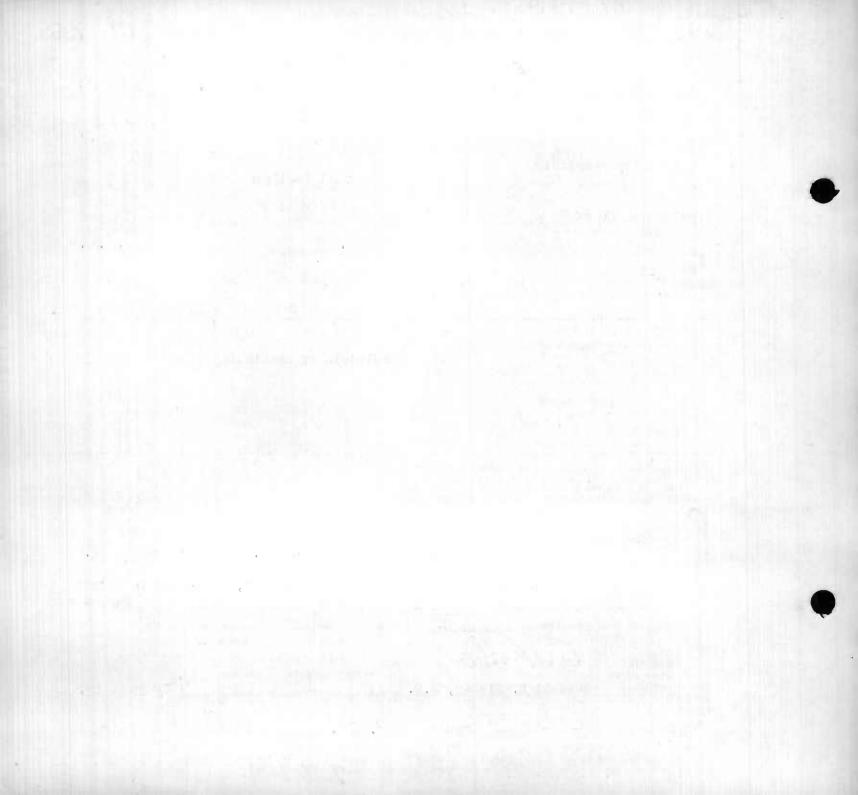
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Funeral Home 1348 Calhoun St.

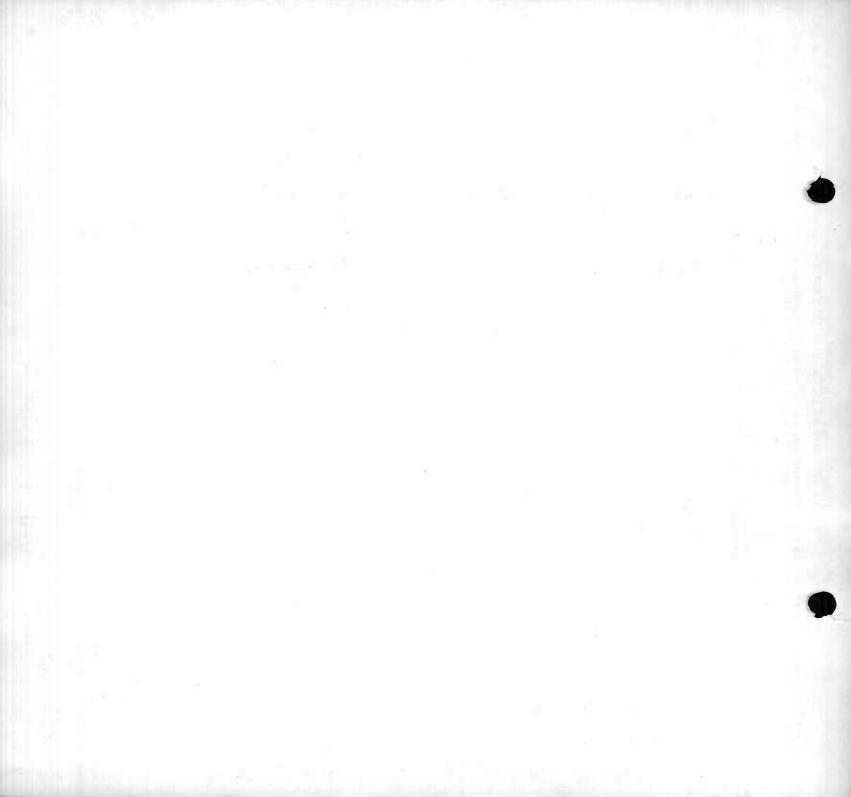
-	TH NO.		MEDICA	LEXAMINER	R'S CE	RTIFICAT	TE OF D	EATH Regist	ered N67	7969
-	E. CASE NO.	CEASED					2 DATE AND	HOUR PRONOUNG	CED DEAD	
(Ty	NAME OF DE			ARCON						11./5 -
3.	ROSETTA DARGON 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					A. STATE	ENCE (Where d	st 18, 196 eccased lived. If in: B. co	stitution: residence	11:45 pm.
HC	LL NAME OF	(IF NOT IN ADDRESS C	HOSPITAL OR OR LOCATION)	INSTITUTION, GIVE STI	REET			corporate limits, wri	RURAL ond	give township)
	Univer	sity Hosp	ital			D. STREET ADD	RESS (If rurol, g			
5. :		6. RACE	WIDO	RRIED, NEVER MARRIE	ify)	2611 S B. DATE OF BIRT		lost birthday)	Months Day	Yr. If Under 24 Hrs. ys Haurs Min.
10A don	emale USUAL occ during most of	Color CUPATION (Give kind working lite, even in	ed nd of work 10B, KI f retired)	single	NDU STRY 1	25.2	(State or foreign	country)		COUNTRY?
13.	FATHER'S NA	ME				4. MOTHER'S M	AIDEN NAME		U.S.	. A .
	WAS DECEAS	n Dargai	ARMED FORC		1		s Wilki	ns	ADDRESS	
(Te	s, na ar unknow	n) (If yes, give wa	r or dotes at se	rvice) SECURITY N	0.	Gladve	Dargan	2622 5	Snellmar	n Rd.
-	18.	11 1			CAUSE	OF DEATH	Dar Eur	2022 1	4	TERVAL BETWEEN
NOI	DISEASES	e, ostherio, etc. amplication which ANTECEDENT OR CONDITION HE ABOVE CAUSING CONDITION	CAUSES NS, IF ANY, GI SE (A) STATING	VING (B)	то			injuries		
ERTIFICATION	TO THE	GNIFICANT CONI DEATH BUT OR CONDITION C	NOT RELATED	RIBUTING TO THE						
CERT	19A. DATE O		9B. CONDITION VAS PERFORME	FOR WHICH OPERATION	ION	20A. AUTOPSY		OB. IF YES, WERE F N CERTIFYING CAL		
MEDICAL	UNDERLYING	XOR CONTRIB- USE OF DEATH.		218 PLACE OF INJU home, form, factory, etc.) Stree	street, of	or about 21C. Vice bldg., INJUR	OCCUR?	in Baltimare City. North of F		4-01
Σ	21D TIME OF INJURY (APPROX.)	(Month) (Day		pm. WHILE AT WORK		HILE X	Subject	y occur?	r in aut	to into
	22.									
1 certify that I held an Inquiry Inspection X Autopsy and that on this basis, death in my opinion resulted from: Natural causes Accident Suicide Homicide Undetermined manner										
	ACTUAL SIGNATURE OF MALEY M.E					CHIEF MEDICAL EXAMINER ADATE SIGNED D. ASSISTANT MEDICAL EXAMINER				
	EXAMI	NER'S				ASSOCIATE M	EDICAL EX	AMINER		
	NAME (A. BURIAL CRI MOVAL (Speci	EMATION, 238	ssell S.	Fisher, M.I		CREMATORY	23 D. LO	CATION (CH	August	19, 1967 (State)
	Burial	D BY HEALTH DE	-23-67 PT. 24B. I	Arbutus	em	Plc 24C. FUNER	AL DIRECTOR	butus	Marylan	nd DRESS
		AUG 21 191	37 Rele	BE. Falley	MA	Kelson			1348 Ca	alhoun St
VS	151-REV. 1/1	165 NA	69 4	13 / 1	,		£ \$			V





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67 7972	BALTIMORE CITY	HEALTH DEPARTMENT		פיים מיים
BIRTH NO.		TE OF DEATH	Registered Na.	67 7972
M.E. CASE NO.		2. DATE AN	ID HOUR OF DEATH	
Type or Print) NAThaniel (1)	EEKS	8-1	13-1967	1215
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived, if in	stitution: residence before adm
FULL NAME OF (If not in hospital or institution,	ave sheet	manulana		11-04
HOSPITAL OR oddress or location)	give sireer	C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give (gwnship)
Cenar Mashinaton	Nupsing	BALtimore		
George Washington	Jame/		rural, give location	
	7	309 W. Fres	ton St.	
		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under
	D, DIVORCED (specify)	6/2/1875	lost birthdoy	Months Doys Hours
OA. USUAL OCCUPATION (Give kind of work 108, KIND O		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
one during most of working life, even if retired)		2		WHAT COUNTRY?
		,		U.S.A.
3. FATHER'S NAME		4. MOTHER'S MAIDEN NA	ME	
UNKnowN		UNKnow	V	
5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give war or dates of service)		7. INFORMANT	4	ADDRESS
The services of services	SECURITY NO.	Chat		
18. 4 20 01	CALLE OF	DEATH		INTERVAL BETWEE
10010	CAUSE OF	JEATH A	- 1	ONSET AND DEA
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	('	0 0 1 1 2	1 to - X	a /
	(4)	en eval in u	1 Brod Paked ()	
(This does not mean the mode of dying, e.g.	DUE TO		CAPICONON O	77.4
(This does not meen the mode of dying, e.g. heart foilure, osthenio, etc. It meons the disease				-T-{
heart foilure, osthenio, etc. 11 meons the disease injury or complication which caused death.)		BRAM	Sunday	0
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67. 7973 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

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M.E. CASE NO.	CEASED			2. DATE AND HOUR PRONOUN	CED DEAD
(Type or Print)	TOUS	SAINT K GREEN	N	August 18 196	. 8:25 A.
3. PLACE IN BALT	TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESI	DENCE (Where deceased lived. If i	n stitution: residence before admission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREE	_	Maryland	
HOSPITAL OR	ADDRESS OR LOCA	(TION)	C. CITY OR TO	OWN (If outside corporate limits, y	wite RURAL and give township)
			D. STREET AD	Baltimore DRESS (If rurol, give location)	0-06
23	33 S. Hilton	Street		233 S. Hilton Str	root
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIR	RTH 9. AGE (In yeo	rs If Under 1 Yr. If Under 24 Hrs
Male	Negro	WIDOWED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
	UPATION (Give kind of wor working life, even if retired)	108 KIND OF BUSINESS OR INC		E (State or foreign country) ore, Maryland	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM	ΛE			MAIDEN NAME	
Louis F	. Greene		Mary	A. Simpson	
	D EVER IN U.S. ARMED		17. INFORMANT		ADDRESS
No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	216-09-653	32 Vavian	H. Greene - 233 S	3. Hilton St.
1B. //	9.7.		AUSE OF DEATH		INTERVAL BETWEEN
DISEA	SE OR CONDITION DI	DECTIV			ONSET AND DEATH
	LEADING TO DEATH	Art	erioscleroti	ic cardiovascular	disease
(This does heart failure, injury or co	not mean the mode of , osthenio, etc. It meons mplication which caused	dying, e.g., DUE TO the discose, deoth.)			
	ANTECEDENT CAUSE	(B)			
RISE TO TH	OR CONDITIONS, IF A				
	NG CONDITION LAST.	(6)			5 133
<u> </u>	- 11	(0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0			
O THE	NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO THE			
MISEASE O	R CONDITION CAUSING	DITION FOR WHICH OPERATION	N 20A AUTOP	SY? (Yes or No) 20B. IF YES, WERE	FINDINGS CONSIDERED
Ö	WAS PER	FORMED	No	IN CERTIFYING CA	AUSES OF DEATH?
UNDERLYING CAU	L CAUSE WAS OR CONTRIB- ISE OF DEATH.	21B. PLACE OF INJURY home, form, foctory, setc.)	(e.g., in or about 21C. treet, office bldg., INJU	WHERE DID (If in Bollimore City, RY OCCUR?	, give exact tocotion)
21D TIME	(Month) (Doy) (Yea	i) (Hour) 21E. INJURY OCCU	RRED 21F.	HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)		m. WHILE AT	NOT WHILE		
22.	tify that I held an I	nquiry Inspection X	Autopsy 🗌 a	and that on this bosis, death in	n my opinion
resu	Ited fram: Notural ca	uses X Accident S	Suicide Homi	cide Undetermined ma	nner
	20		//	MEDICAL EXAMINER	
ACTUA		e Jagu	M.D. ASSISTANT	MEDICAL EXAMINER	DATE SIGNED
EXAMIN NAME (NER'S Charles	S. Springate, M.	D. ASSOCIATE	MEDICAL EXAMINER	August 18, 1967
23A. BURIAL CRE REMOVAL (Specif		Arbutus M	emorial Park		ity, town, or county) (State) Maryland
	BY HEALTH DEPT.	24B, NAME OF REGISTRAR		FRAL DIRECTOR 108 R. Law 802 M	adison Ave.
	AUG 21 1967	Robert E. Farle	E.M.s		
VS 151-REV, 1/1/	/65	1 7 6 7 8	0 0 7	9 6 5	

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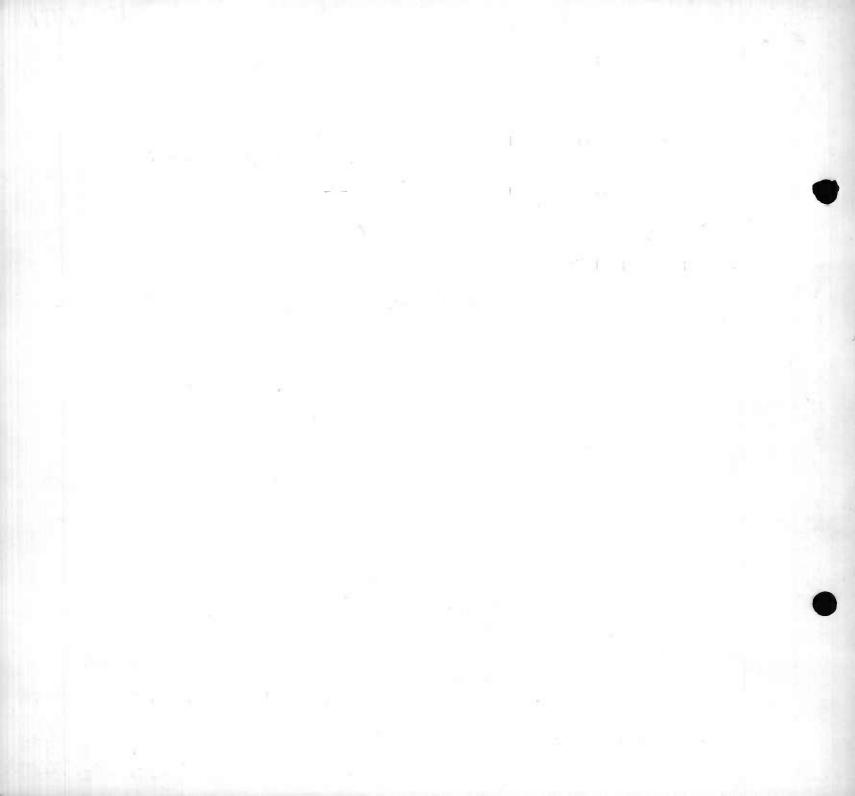
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•	if death occurred in a hospital and set or contributing cause of death (1) Undetermined cause; (5) Deceased was in regular attendance on the deceased prior to death. Such
IMPORTANT	Also, if the dire re of any kind; (4 nounced death attendance on t
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death of shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

On the	BALTIMORE CITY	HEALTH DEPARTMENT		CD FIORO
BIRTH NO.	976 CERTIFICA	TE OF DEATH	Registered No	67 7976
M.E. CASE NO.	OLIVIII ICA	01 02/(171		
NAME OF DECEASED			D HOUR OF DEATH	
HALLL	WENS	8-	170 - 67	titution: residence before odmissi
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wher	e deceased lived. If ins	titution: residence before admissi
FULL NAME OF (If not in hospital or institut oddress or location)	ion, give street	MARYLA		
INICTITUTIONIC	0.	C. CITY OR TOWN (If out		URAL ond give township)
SINAL HOSPITAL OF	DAUTIMORE		MORE	15-0
2 BELVEDERE AT GRE	TONSPRING AUE.		rural, give location)	
BALTO, MD	21215	1917 MCKE	AN KUE	# 17
	RIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24
WIDO WIDO	WED, DIVORCED (specify)		lost birthdoyl	If Under 1 Yr. If Under 24 I Months Doys Hours Min
,	14 RRIED	9-17-15	57	
DA. USUAL OCCUPATION (Give kind of work 10B, KtN) one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
		MARGLA	110	U.S.
S. S. Controle Clerk		1		, 3,
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	WE .	
Benton Brooks		May Emma Wat	lefma	
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	WTIID.	ADDRESS
es, no or unknown) (If yes, give wor or dates of servi	ce) SECURITY NO.			
No	219-42-6043	HOSPITAL	CHART	
18, 9 9 / /	CAUSE O	F DEATH		INTERVAL BETWEEN
99//				ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C	VA - hemo	and here	3 day
	e.g., DUE TO	014 - 1001100	V CAST	
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise			V	
injury ar camplication which coused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any, gi				
rise In the above cause (A) sloting				
UNDERLYING CONDITION last.	1 14 /			
ll l				
OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING			
TO THE DEATH BUT NOT RELATED TO				
DISEASE OF CONDITION CAUSING IT.	OR WHICH OPERATION	120A ALIXOREY2 (Van ca Nie	1 200 IE VEC 141555 =	INDINGS CONSIDERS
WAS PERFORMED	OK WHICH OPEKATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	ISES OF DEATH?
	-			
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, of	fice bide INTURY OCCUP	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.) etc.)	mice sings, INTOKI OCCOK!		
•	016 1111100 600	015		
21D-TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not While Work At Work	e	_	
			- /)	0 13 1
22. I certify that (1) (this hospital) attend	ed the deceosed from	8 - 19	19 67 to	8 - 1 / 19 6
that (I) (we) last sow the deceased alive	on 8 - 17	19 67 and the	at in (my) (our) opin	ion death occurred on the
-11 -16 3	- (1) (W-) (1:1) (1:1			
and hour and from the couses stated above	e. (I) (πe) (did) (did not) v	new the body offer deoth.		
23A. SIGNATURE				23B. DATE SIGNED
Mariahanen	M.D. Atte	s. Med. Director	Stoff Phy s.	8-17-67
23 C. PHYSICIAN'S		23D. ADDRESS		0 1 4 1
NAME (Type) / + ITIL DAGIT	-	X · / //	+1 2	allain Mand
JENIM KAKE	M.D.	Sinen Arp	m 7 12	in turns, I marcher
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. L	DCATION (Cit	y, lown, or county) (Sto
REMOVAL (Specify)				
Burial 8-21-67	Arbutus Mem.	Park	Baltimore,	Maryland
SA. DATE REC'D BY HEALTH PEPT 259 NA	ME OF MEGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
AAR ST 1301 (15%)	ent E. Jake M.A.	Man Sale It	don 16.4	door two
	,	Charles R.	M DUZ MAG	ison Ave
S 150-REV. 1/1/65				

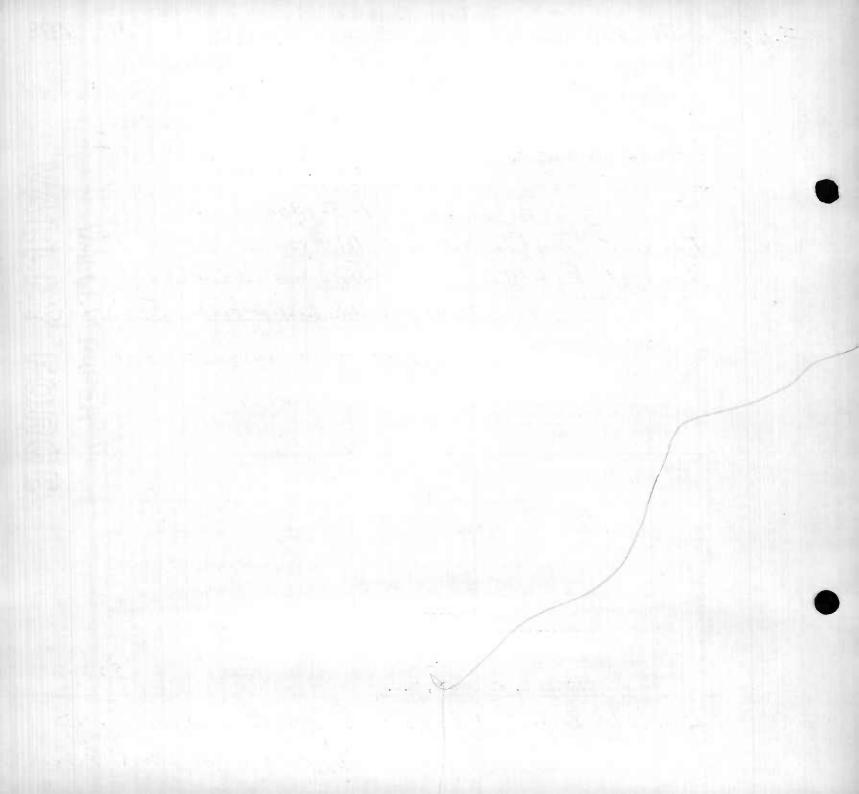
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F-460 BIRTH NO.67 7978 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 7978

M.E. CASE NO.	
1. NAME OF DECEASED Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
ALFRED FILAR	8-16-67 2:30 PM M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL F A. STATE	RESIDENCE (Where deceased lived, II institution; residence before admission) B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR NSTITUTION	land TOWN (If outside corporate limits, write RURAL and give lownship)
	ADDRESS (If rurol, give locotion) So. Ann Street
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF	BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male White Widowed, DivorceD(specify)	1908 59
OA. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA	ACE (State or foreign country) 12. CITIZEN OF
lone during most of working life, even if retired)	WHAT COUNTRY?
FLORIST - LORIST - SELF MA 3, FATHER'S NAME	S MAIDEN NAME
T.	, 1 , 1 ,
ANTHONY I-ILAR JOHA	ANNA WESOLAWSKI
% WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMA (es, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	ADDRESS
215,19 96,2 MRC	LILIAN FILAR 500 SANN O
TB. CAUSE OF DEATH	INTERVAL BETWEEN
	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arterioscient	rotic cardiovascular disease
(This does not mean the mode of dying e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	TOLIC CARGIOVASCULAR GISEASE
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	OPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
UNDERLYING OR CONTRIB-	IC. WHERE DID (If in Boltimore City, give exact location) JURY OCCUR?
21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21 (APPROX.) WHILE AT NOT WHILE AT WORK	F, HOW DID INJURY OCCUR?
22.	and the an abic beside death in the state
	and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Suicide Ha	micide Undetermined manner
	F MEDICAL EXAMINER DATE SIGNED
SIGNATURE WALLS J. SOLL M.D. ASSISTAN	IT MEDICAL EXAMINER 🔀
	TE MEDICAL EXAMINER 7 9-17-67
EXAMINER'S NAME (Type) CHARLES S. SPRINGATE, M.D.	
NAME (Type) CHARLES S. SPRINGATE, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OF CREMATOR	RY 23D. LOCATION (City, town, or county) (State)
NAME (Type) CHARLES S. SPRINGATE, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OF CREMATOR	METER BALTIMORE MD.
NAME (Type) CHARLES S. SPRINGATE, M.D. 23A. BURIAL CREMATION, 23B. DATE 23G. NAME of CEMETERY OF CREMATOR REMOVAL (Specify) 8-19-67 HOLY OSARY EA	NO ROLLING MA

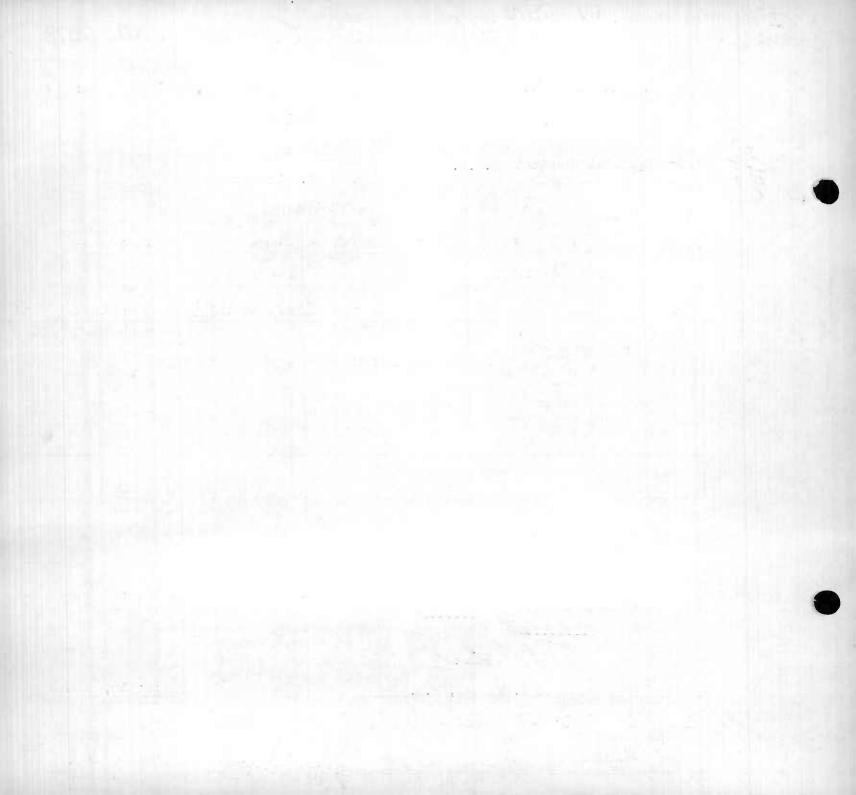


M-334 BIRTH NO.

67 7979 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered to.7 7979

M.E. CASE NO.		
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUNCED DEAD
LEMUEL MITCH	शा.र.	August 16, 1967 4:00 a
3. PLACE IN BALTIMORE, MARYLAND, W		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admissi A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INSTITUTION, GIVE STREET ATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Union Memorial Hosp:	ital D.O.A.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	504 E. 32th Street B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 F
Male White	WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 F Months Doys Hours Miles Mil
IDA, USUAL OCCUPATION (Give kind of wor		RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if relired) NECHANIC 13, FATHER'S NAME	HUTOMOBILE	MARYLAND U.S.A.
1 11	TCHELL	CHKNOWN
15. WAS DECEASED EVER IN U.S. ARMEL		Z INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dot	es of service) SECORITI NO.	Hu. Drace M. W. L. O. P. 504 E. 32 md
11B.	CAUS	SE OF DEATH INTERVAL BETWEE
7.7		ONSET AND DEAT
DISEASE OR CONDITION D	1	a thma
(This does not mean the mode of	dying, e.g., DUF TO	sthma
heart failure, astheria, etc. It mean injury or complication which coused	deoth.)	
ANTECEDENT : CAUSE	· ·	
DISEASES OR CONDITIONS, IF	(8)	
RISE TO THE ABOVE CAUSE (A) S	STATING THE	
UNDERLYING CONDITION LAST.	(C)	
2		
OF THE SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSIN' 19A. DATE OF OPERATION 19B. CON	LATED TO THE	
19A. DATE OF OPERATION 19B. CON		20 A, AUTOPSY? (Yes or No.) 20 B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ZIA. EXTERNAL CAUSE WAS	21B, PLACE OF INJURY (e.g.	NO (If in Boltimore City, give exact location)
UTING CAUSE OF DEATH.	home, form, factory, street, etc.)	office bldg., NJURY OCCUR?
21 D TIME (Month) (Doy) (Yea	or) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)	WHILE AT NOT	T WHILE [7]
22.	m. WORK AT	WORK
	Inquiry Inspection X A	utapsy and that an this basis, death in my apinian
resulted fram: Natural co	ousas X Accident Suici	ide Homicide Undetermined manner
		CHIEF MEDICAL EXAMINER X
ACTUAL	Hister M.	DATE SHINED
SIGNATURE	Mo!	D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Russel	1 S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER August 16, 1967
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify)	23C. NAME of CEMETERY	
BURIAL 8-21.	-67 GLEN HAVE	EN CEM. BALTO., MD.
24A. DATE REC'D BY HEALTH DEPT.	248, NAME OF REGISTRAR	240 FUNERAL DIRECTOR ADDRESS
AUG 21 1967	Robert E. Farberm	Mouth Wille - 2334 Referson.
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IRTH NO. 🛭	alto, Co. md	67	7980	CERTIFICA	ATE OF DEAT	H Registered Na	67 7980
A.E. CASE N	10.					E AND HOUR OF DEATH	
Type ar Print	KAREI	N KEMB	ERLING			8-14-67	1 6:45 P
PLACE OF	DEATH IN BALTI	MORE, MARY	LAND		4. USUAL RESIDENCE	(Where deceased lived, If in	nstitution: residence before admiss
					11.14	BALTIMORE	
HOSPITAL		in haspital at	institution, give	street		, BALTIMORE	BUBAL
INSTITUTIO					BALTIMOR	(If autside city limits, write	KUKAL and give township)
3 T.	E JOHNS	Hanke	No Hose	1.7.41	D. STREET ADDRESS	(If rural, give location)	20 00
- IP	IE OUTINS	HUPKI	NS 1103P	IIAL		ALE AVE.	
SEX	6. RACE	17	MARRIED, NEV	/ED AAADDIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24
FEMAL	E WHI	TE	CHILD	VORCED (specify)	8-13-67	last birthday)	Manths Days Haurs Mir
			B. KIND OF BUS	INESS OR INDUSTR	Y 11. BIRTHPLACE (State a	r fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
ane auting m	ast of working life, eve	en ir renired)			Baltime	re, Maryland	USA
3. FATHER'S	NAME				14. MOTHER'S MAIDEN		
	PAUL KEI	MAEDI 1	N.C		DOPATHY	P. COFFEY	
	10			COCIAL	17. INFORMANT	• OUFFET	ADDRESS
les,na ar uni	eased Ever in U. S. (If yes, give	war ar dates	of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18.	1 01			CAUSE	OF DEATH		INTERVAL BETWEEN
	56100			CAUSE	OI DEATH		ONSET AND DEATH
0	ISEASE OR CONE LEADING T		CILI	44	PIRATION PI	YEMMONIA	
(This de	oes not mean the	made of d	lvina e.a	DUE TO			
	luie, asthenia, etc						
injury o	camplication wh	ich caused d	ealh.)	TO	ALL ESONIL	V. M. FIET	44.4
	ANTECEDEN	T CAUSES		(B) / KA	Uss C JUPAA	POCAL PESID	147
				DUE TO			
	the obave c			6 60	NGENITAL 1	GEAL FISTU MALFORMATIO	ON'S
UNDER	LYING CONDITIO	N last.	Ü				
	- 11				·		
OTHER	SIGNIFICANT CON			14. 2	A 4.		
DISEAS	OR CONDITION			IMPERFOI			
19A.DA	TE OF OPERATION	WAS PERFO	ITION FOR WHICH	CH OPERATION	20 A. AUTOPSY? (Yes	or No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
OR CON	CIDENT WAS UNI	JSE OF	21 B. PLA	CE OF INJURY (e.g., arm, factory, street,	, in ar about 21C. WHERE D affice bldg., INJURY OCCU	ID (If in Boltimar) R?	re City, give exact lacation)
	(natify medical exar		etc.)				
21 D. TIN		ay) (Year)	(Haur) 21E, INJ	URY OCCURRED	21 F. HOW DIE	D INJURY OCCUR?	
(APPROX			While A				
				☐ At Wor	N 12	17 0	- 111
22. I ce	rtify that (1) (thi	is haspital)	attended the d		5-13-	196 / ta 8	196
that (1)	(we) last saw th	ne deceased	alive an	8-14-	19 6 / ai	nd that in (my) (aur) ap	Inian death accurred an the
and hav	or and from the c	auses state	d abave. (I) (W	e) (did) (did nat)	view the bady after de		
23A. SIG					•		23B. DATE SIGNED
	(1		R.		ttending Med.	Stoff V	14.01.101-
22.5 8111	jun	rest	men	P	hys. Director L	Phy s. L	17 ming 176
NA.	ME (Type)			1	23 D. ADDRESS		, ,
	JAME	5 R.	BROW	W M.E	THE JOHN	S HOPKINS HO	OSPITAL
	CREMATION, 24	B. DATE	24C. NAME	of CEMETERY or C			lity, tawn, ar caunty) (Sta
_	/AL (Specify)	0	Lakeu	iew Mem.Pl	r. Cem.	Balto. Co. 1	Md.
Bur 25A. DATE	ial	8-17-6	SB. NAME OFF		25C. FUNERAL DIRE		
VALUATE,	TO DESCRIPT OF UP	TOTAL A	CONTANIAL CHEK	- Company of the last of the l	ZJG. FOREKAL DIKE	CIOR	A CONTRACTOR
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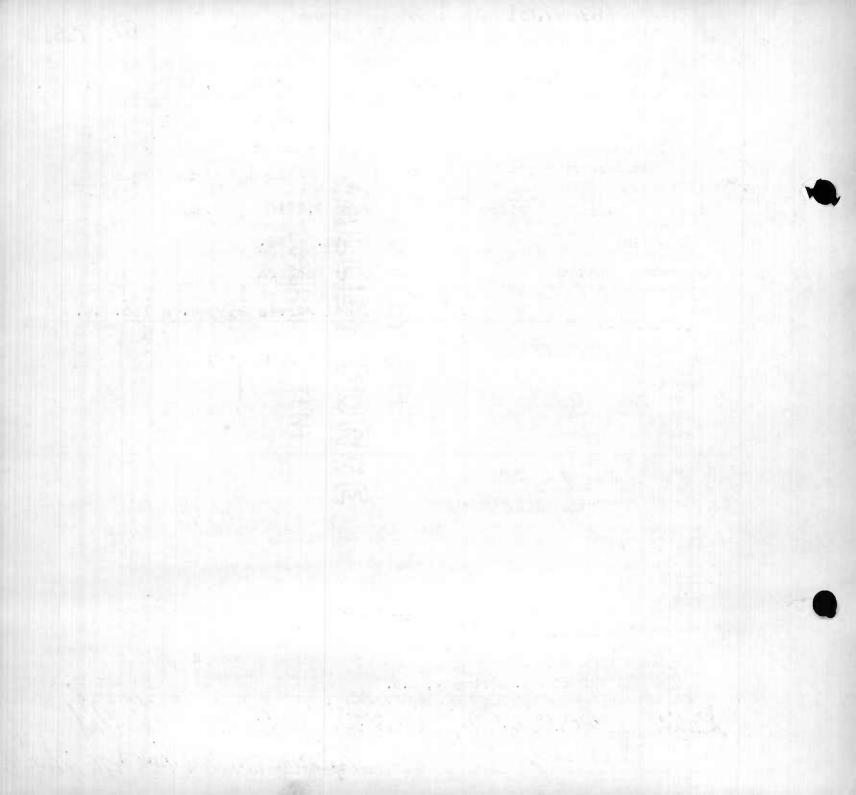
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67 7981 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	MEDI	CAL E	XAMINER'S CI	ERTIFICATE	OF DEATH Regist	ered NO.	7981
M.E. CASE NO.							
1. NAME OF DE	ECEASED			2.	DATE AND HOUR PRONOUN	CED DEAD	
(Type or Print)	RHO	DIE	SUTTON		August 17, 1967	7 1	.2:10 P.,
3. PLACE IN BAL	LTIMORE, MARYLAND, W	HERE PRONC	DUNCED DEAD	4. USUAL RESIDEN	CE(Where deceosed lived, If in:		e before odmissi
				cvland 8. co	UNIT		
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTI	TUTION, GIVE STREET		(If outside corporate limits, wri	te BURAL and g	ive township)
NOITUTITEN				Po1	ltimore /	9-	0
					S (If rurol, give location)	-	-
	Bon Secours Ho	spital	(DOA)	540	South Addiston		
5. SEX	6. RACE	7. MARRIED	D, NEVER MARRIED DIVORCED(specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Y Months Doy	r. If Under 24 H
Male	Negro	Wide		June 2,1			
IOA. USUAL OCC	CUPATION (Give kind of work	10B KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sio	ite or foreign country)	12. CITIZEN C	
Labor Labor	t working life, even if retired)			Balto.	Md.	WHAT C	OUNTRY?
3. FATHER'S NA				14. MOTHER'S MAIL	••		
Lawrence	ce Sutton			Mary Ro	gers		
	SED EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT	002.0	ADDRESS	
Yes, no or unknow	(If yes, give wor or date						
no				Ethel Ja	rvis 2535 W. 1	Balto.	St.
18.42	0.0		CAUSE	OF DEATH			ERVAL BETWEE
DISEA	ASE OR CONDITION DI	RECTLY					JEI AND DEAL
	LEADING TO DEATH		Art.	eriosclerot	ic heart disease		
(This does	not meen the mode of e, osthenio, etc. It meens emplication which coused	dying, e.g.	DUE TO				
injury or co	omplication which coused	deoth.)					
	ANTECEDENT CAUSES						
	OR CONDITIONS, IF A		(8) DUE TO	***************************************			
RISE TO TI	HE ABOVE CAUSE (A) ST		500 10				
_	ING CONDITION LASI.		(C)				
<u> </u>	II						
OTHER SIC	GNIFICANT CONDITIONS	CONTRIBUT	ING				
E DISEASE	DEATH BUT NOT REL	ATED TO	THE				
F-1	OF OPERATION 198, CON		WHICH OPERATION	20 A. AUTOPSY? (Y	Yes or No. 20B, IF YES, WERE F	INDINGS CONS	IDERED
5 2	WAS PERI	FORMED			IN CERTIFYING CAL		
Z 21 A. EXTERNA	AL CAUSE WAS	21 B	PLACE OF INJURY (e.g.,	Yes	ERE DID (If in Soltimore City,	nive exact lacatio	on)
UNDERLYING	OR CONTRIB-	hon	ne, form, foctory, street, o	ffice bldg., INJURY O	CCUR?	give exoct tocom	
E O III O O CX	OSE OF DEATH.	616	,				
OF INJURY	(Month) (Doy) (Year	(Hour)	21E. INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?		
(APPROX.)			WHILE AT NOT WORK AT W	WHILE			
22.							
	ertify that I held on I	nquiry	Inspection Aut	opsy X and th	hot on this bosis, death in	my opinion	
resu	ulted from: Notural co	uses	Accident Suicide	e Homicide	Undetermined man	ner	
	00 0	K (1	CHIEF MED	ICAL EXAMINER		347
ACTUA)			DICAL EXAMINER	D	ATE SIGNED
SIGNA		300	M.D.				
NAME		s S. Sr	oringate, M.D.	ASSOCIATE MED	DICAL EXAMINER	Augus	t 18, 19
23A. BURIAL CR			3C. NAME OF CEMETERY	CDEAN A TODY	23D. LOCATION (dir	y so well of count	(Stote)
REMOVAL Speci			WH Ball	A A A	Maria di	111110	1/ / Stoler
Busial		9197.7	7/15/1/18	117/11/1/11/11	n lower it	11/1/11	101-

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67

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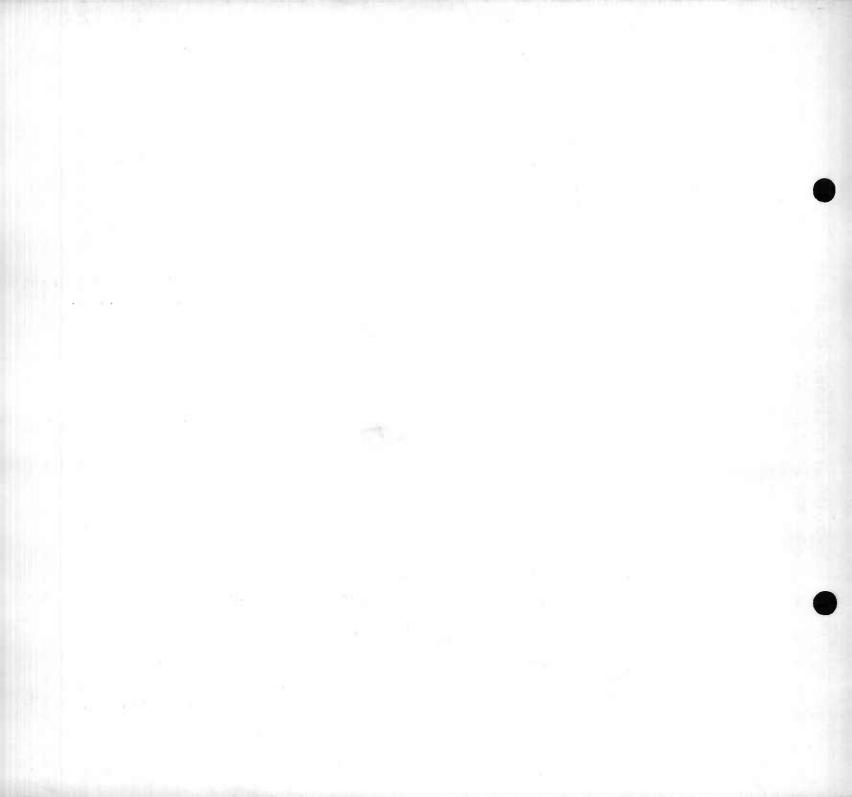
E-120	BIRTH NO. MEDICAL EXAMINER'S CE	RTIFICATE OF DEATH Registered No. 7982
	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
		August 10 1067
Bb - III	WILLTAM EPPS 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	August 19 1967 9:45 a M. 4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission)
	CERTIFICATE AMENULU	A. STATE Marvland B. COUNTY
	HUSPITAL OR ADDRESS OR LOCATION) 8=22-67	C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)
7	Institution 8-22-67	Baltimore 2007
11/1	Tuthana Wandaal	D. STREET ADDRESS (If rurol, give lacotion)
14	Lutheran Hospital	62 S. Monastery Ave.
		8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
	Male Colored Married Sep.	0-+ 0 7 07 5
	Male Colored Mattited Dep. 10A. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	dane during mast of working life, even if retired)	Gaysburg N.C. WHAT COUNTRY?
	Pantryman	14. MOTHER'S MAIDEN NAME
		GOORES.
	(Yes, na ar unknown) (If yes, give war ar dates of service) SECURITY NO.	
	no 218-03-9008	Lousie Artis 62 S. Monastery Ave.
	18. 4 CAUSE	OF DEATH
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	ite pulmonary edema
	heart failure, asthenia, etc. It means the disease,	
	injury or complication which caused death.)	ronic cor pulmonale
		ronic coronary pulmonali
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	UNDERLYING CONDITION LAST.	
	(C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	O THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING IT.	200 ALITORSY2 (Yes, or No.) DOR IE VES WERE EINDINGS CONSIDERED
	WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	₹ 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in	n or about 21C. WHERE DID (If in Boltimare City, give exact lacation)
	UNDERLYING OR CONTRIB-	fice bidg. INJURY OCCUR?
	21D TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.) WHILE AT NOT V WORK AT WO	VHILE T
	22.	
	certify that I held an Inquiry Inspection Auto	apsy X and that an this basis, death in my apinion
	resulted fram: Natural causes Accident Suicide	Hamicide Undetermined manner
	01/1/	CHIEF MEDICAL EXAMINERXX
	SIGNATURE () Monther M.D.	ASSISTANT MEDICAL EXAMINER
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
	NAME (Type) Russell S. Fisher, M.D.	August 20, 1967
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY OF	
	Burial Aug. 23/67 9/1. (M Ku)	An 1/m /201/15 /1/1
	24A. DATE REC'D BY HEALTH DEPAT (24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
	AUG 21 1967 12 0 6-8 Fa. O. M.	91/1/2 1 7 m 1 1 2100 lahe
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VIII A MILL TO ADIA OF SERVER ALIANI MALLAND

67 7983 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type ar Print)	
ROSE MOSLEY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	August 18, 1967 5:30 p M. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
HOSPITAL OR ADDRESS OR LOCATION)	di divi di ita ili (il dollarde corporate illinia), illina illo ilivia di
	Baltimore
428 Coluin Street	D. STREET ADDRESS (If rural, give location)
	428 Colvin Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
WIDOWED, DIVORCED(specify)	Sand. 29 1012 lost birthdoys Months, Doys, Hours, Min.
Female Colored // Gry ty	Y11. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF
done during most of working life, even if refired)	WHAT COUNTRY?
Horsemp 1000	Ofichmond VA. W.S. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
11/1/1 was	Eda Aboveraly
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	E K)
// 3	LUA TRUMET
IB. L.J. CAUSI	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
I FADING TO GEATH	teriosclerotic Cardiovascular
(This does not mean the mode of dying, e.g., heat foliure, asthenio, etc. It means the disease, injury or complication which coused death.)	
injury or complication which caused death.)	Disease
ANTECEDENT	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	***************************************
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
lō	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	NO
✓ 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB-	omes stage, its out occor.
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY	
(APPROX.) m. WHILE AT NOT AT WORK	WHILE O
22. I certify that I held an Inquiry Inspection X Au	and show on ship book double to me of the
	tapsy ond that an this basis, death in my opinion
resulted fram: Natural causes X Accident Suicid	
0,60	CHIEF MEDICAL EXAMINER X
SIGNATURE M.D	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	OF CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	5
Burial 8-22-67 Mi. CALU	ary and Wrookly w, rod.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
MICOLOGY OF OUT O	(-) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
AUGZI 1901 (17. Lee ly. E. Starbey M.)	1 of lary of www 16000) roully 10

The William Sept 27,1812 U. I. T. D. Into Merry Einge server mit energe Donnelger mer

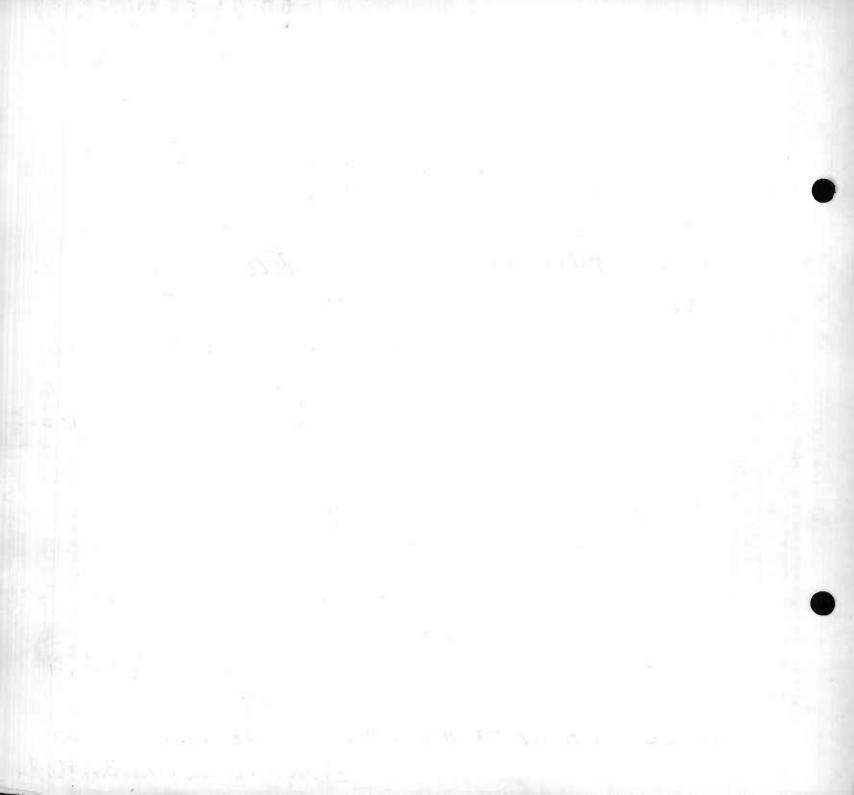
82 1	-6-20 C7	MORA BALTIMORE CITY	Y HEALTH DEPARTMENT	CD MORA
0 -	TH NO.	CERTIFICA	TE OF DEATH Registered No.	. 67 7984
1. N	L CASE NO. IAME OF DECEASED DORSE DORSE	Y, Denna Y, JOINA	2, DATE AND HOUR OF DEAT	1 10.20 P M
3. 1	PLACE OF DEATH IN BALTIMORE, MAI		4. USUAL RESIDENCE (Where deceased lived, II	
1	FULL NAME OF (If not in hospital of	or institution, give street	MARYLAND	
1	NSTITUTION	CITY HOSPITALS		RURAL and give township)
	4940 EAST	ERN AVENUE	D. STREET ADDRESS (If rural, give location)	0-02
	BALTIMORE	, MARYLAND 21224	1007 EDMONDSON AVEN	UE - 21223
	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	FEMALE NEGRO	SEPARATED	1/3/35	
ion	e during most of working lile, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or lareign country)	12. CITIZEN OF WHAT COUNTRY?
2 .	FATHERS NAME	None	MARYLAND	USA
	LINWOOD MC		ALICE MOORE	
5. fe:	Was Deceased Ever in U. S. Armed Forces, no or unknown) (II yes, give wor or dotes	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT RECCRDS: Balt 4940 Eastern Avenue,	Balto, Md. 2122
0	1B. 9 9 3 W	CAUSE O		INTERVAL BETWEEN
	DISEASE OR CONDITION DIR			ONSET AND DEATH
	LEADING TO DEATH	(A)	- Lectroly The imBAL	ANG
	(This daas not mean the made of heart failure, asthenia, etc. It means	dying, e.g., DUE TO the disease,		
	ANTECEDENT CAUSES	Gedin./	VINBELS INSIDIOUS	
	DISEASES OR CONDITIONS, if a	DUE TO		
	rise to the above cause (A) UNDERLYING CONDITION tost.	sloling The (C)	Electronize imBnu DinBoto Insipines Meningeomo	-01000000000000000000000000000000000000
	11			
ATION	OTHER SIGNIFICANT CONDITIONS CO			
CAT	DISEASE OR CONDITION CAUSING IT		120 A	
EKIII-IC	WAS PERF		NO IN CERTIFYING O	E FINDINGS CONSIDERED CAUSES OF DEATH?
CALC	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., i home, larm, loctory, street, o etc.)	n or about 21C. WHERE DID (II in Baltim Ifice bldg., INJURY OCCUR?	ore City, give exact lacotion)
MEDI	21D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
<	(APPROX.)	While At Not While At Work		
	22. I certify that (1) (this hospital)	attended the deceased from	14/6 1967 10	8/15 1967
	that (I) (we) last sow the deceased		19 6 7 and that ir((my)) (aur) a	plnian death accurred on the date
	and haur and from the causes state	ed abave. (1) (We) (did) (did not) v	view the body after death.	
_	23A. SIGNATURE	M.D. AHO	ending Med. Stoll	23B, DATE SIGNED
1	23C. PHYSICIAN'S	Phy	s. Director Phys.	8/13/0/
	NAME (Typ) JACK BRANDI	ES	DEPTIMONE CITI	HOSPITALS
24A	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CR	1/10 Dasbelli Avenue,	Balto., Md. 21224 City, town, or county) (Stote)
13	REMOVAL (Specily)	7 MT. Aubur	Ga Balt	mal.
25A	. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	8110 04 4007	On a C E man	of followed - Ald allen	1000 Box They Ano
, e	150-PEV 1/1/45 UU 4 1 331			



			M.E. CA
T.	4	21	1. NAM

M.E. CASE NO.							
1. NAME OF DECEASED	,				2. DATE AN	D HOUR PRONOUNCED	DEAD
JAMES	A-		BIRDSONG	Anhes	Aug	ust 14, 1967	6:40 P. M.
3. PLACE IN BALTIMORE	MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If institution	on: residence before odmission)
FULL NAME OF	NOT IN HOSPIT	A) OR INICTITU	TION, GIVE STREET	Maryl		B. COUNT	
HOSPITAL OR AL	DDRESS OR LOCA	TION)	THOM, GIVE STREET	C. CITY OR TO	WN (If outsid	e corporate limits, write RU	RAL and give township)
INSTITUTION				Baltim	ore	1-	
1507 Ashla	nd Avenue			D. STREET ADD	RESS (If rurol,	give location)	
				1507 Ashland Avenue			
5. SEX 6. RAC	E		NEVER MARRIED	8. DATE OF BIRT	Н		Under 1 Yr. If Under 24 Hrs.
36-1	111111111111111	WIDOWED, I	DIVORCED (specify)	Alexand a	7 100		Nonths, Doys Hours Min.
Male N	legro	TOR KIND OF	RIISINESS OR INDUSTR	THE PHELACE	18tote or torde	7 38	CITIZEN OF
done during most of working		Total latte of		13 1	I diene	1	WHAT COUNTRY?
13. FATHER'S NAME		N	ore	1000	0.	19.	n.s. A.
S. PATHER'S MANIE	4 (2 . /		14. MOTHER'S M	IAIDEN NAM	1///	
Whiles	1cr 10), ~d5~	7	LYNE	He,	NoLes	
(Yes, no grunknown), (If yes			SECURITY NO.	17. INEORMANT	11	AL	DDRESS
1/0				F.Thel	Ya.	/ And 2715	E. Federal ST
18. 11 4 5	V		CAUSE	OF DEATH	1011	CN -1/3	INTERVAL BETWEEN
7/10/							ONSET AND DEATH
DISEASE OR LEAD	CONDITION DI	RECTLY	Hypert	ensive Ca	rdioves	cular Disease	
(This does not me	on the mode of	dying, e.g.,	DUE TO	CIIDIVE OG	LULOVAS	Culai Discase	
heart failure, asther	on which coused	deoth.)					
ANTEC	EDENT CAUSE	c					
DISEASES OR CO			(B) DUE TO				
RISE TO THE ABOUNDERLYING CO	VE CAUSE (A) S'	TATING THE	DOE 10				
	MDITION LAST.		(C)				
OTHER SIGNIFICATION OTHER DISEASE OR CON	11						
OTHER SIGNIFICAL	NT CONDITIONS						
DISEASE OR CON			HE	•••••			
19A. DATE OF OPERA			VHICH OPERATION	20A. AUTOPSY	? (Yes or No)	208. IF YES, WERE FINDI	
0,2	WAS PER	FORMED		Yes	~~,	IN CERTIFYING CAUSES Yes	OF DEATH?
21 A. EXTERNAL CAU		218.	PLACE OF INJURY (e.g.,	in or obout 21C. \	WHERE DID	(If in Baltimore City, give a	xoct location)
UTING CAUSE OF		etc.)	form, foctory, street,	omce orage, INJUK	OCCUR!		
5	th) (Doy) (Yeor) (Hour) 2	E. INJURY OCCURRED	215 H	OW DID INJU	IBY OCCUP?	
OF INJURY	III (Doy) (Teol			WHILE	011 00 11131	JAI OCCOR:	
		m. W	ORK AT W	ORK			
22.	at I held on I	nguiry 🗌	Inspection X Aut	opsy X on	d that an th	is bosis, death in my a	pinion
	om: Notural ca	Lasa	ccident Suicid			Indetermined manner	
Tosoffed III	1 Itororor ca	0363[14] A	Solcio				
ACTUAL	100.	0 1	5			AMINER	DATE SIGNED
SIGNATURE_	wer	SIM	/ C - M.D	ASSISTANT M			0/12/67
EXAMINER'S NAME (Type)	Werner	U. Sp§	tz, M.D.	ASSOCIATE A	EDICAL E	XAMINER	8/15/67
23A. BURIAL CREMATIO	N, 238 DATE	230	C. NAME OF CEMETERY	CREMATORY	23 D. L	OCATION (City, tow	vn, or county) (State)
REMOVAL (Specify)	Con in	.17	Mr. C.1			3 11	Male
DATE SECIO SY HE	8-19-	240 11444		Arry BIG SUNIER	Al Discours	rookyh	ADDRESS
24A. DATE REC'D BY HE	ALIH DEPT.		OF REGISTRAR	VAC. FUNER	AL DIRECTOR		ADDRESS
AUG 2	1 1967 03	obel E	, Farkey MA	1	Lucy (1. Walson	MAS Brantley to
				12/10		- Many	11010

Letter to the state of the stat Break 8-19-87 Mr Colons Broken



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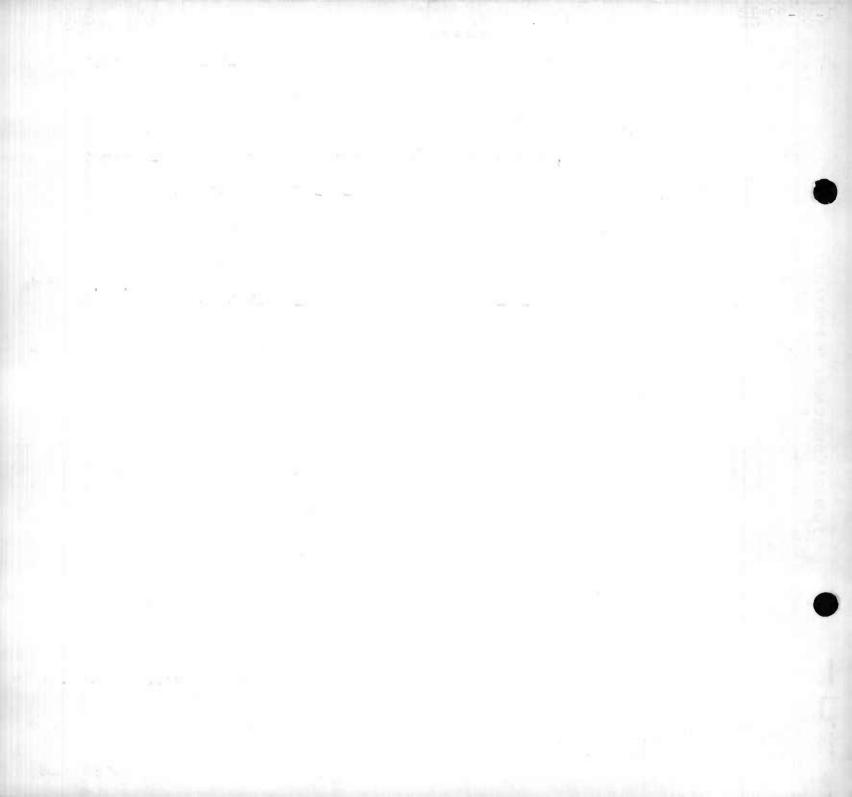
67 7988 BALTIMORE CITY HEA	LTH DEPARTMENT 67 7988
	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	EKTHIO/TIE OF DE/TITE
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print) FREDERICK PRIVETT	August 12 1067 2 17 4
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
o. TENGE IN PRESIDENCE MARKETING, WHERE TROTTONICES SERV	A. STATE Maryland B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore C 5
Johns Hopkins Hospital	D. STREET ADDRESS (If rurol, give locotion)
	1805 Patterson Park Avenue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years III Under 1 Yr. If Under 24 Hrs. Months, Doys : Hours Min.
Male Negro Never Married	Hug. 18, 1951 15
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	Y11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	New yor New, VA. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Prise the	1 1 11.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	7
No	Henry Private Some
18. 7 9 8 / X. CAUS	E OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH Gin	shot wound of abdomen
(This does not mean the mode of dying e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.)	
ANTECEDENT · CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
8-12-67 WAS PERFORMED abdominal bleeding	Yes Yes Tes
4 21A EXTERNAL CAUSE WAS 21B PLACE OF INJURY (e.g.	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB-	
Street	Broadway and Preston Streets
OF INJURY	
(APPROX.) 8-11-67 11:25 P. WHILE AT NOT AT V	WHILE Shot during altercation
22. I certify that I held an Inquiry Inspection Au	stopsy X and that an this basis, death in my opinian
resulted fram: Natural causes Accident Suicio	
10 10 10 10 10 10	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE (March) 3 3 M.E.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER August 12, 1967
23A, BURIAL CREMATION. 23B, DATE 23C, NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)	· C R + · · · · · · · · · · · · · · · · · ·
130rial 8-16-6/ 111. Hubu	LN rom. 134 More Ind.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
THE ON SOCT IN A P. C. STORING MAIN	1-1 . 1 / 1 / 1 / 1 / 1

Margari View, V.B., M. S. B. Horas Land South Hony Promote Direct 8-16-67 Mr. Arbert - 1 Selfmore Pro

67 7989 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 7989

M.E. CASE NO.					
1. NAME OF DE		MA MORNING TO		2. DATE AND HOUR PRONOUNCED I	
		MATTHEWS, JR.		August 13, 1967	6:45 P. M.
3. PLACE IN BAL	IIMORE, MARYLAND, V	VHERE PRONOUNCED DEAD	A. STATE	DENCE (Where deceased lived. If institution B. COUNTY	n: residence before admission
FULL NAME OF		TAL OR INSTITUTION, GIVE STREET		·land WN (If autside carparate limits write RU)	PAL and also township f
HOSPITAL OR	ADDRESS OR LOC	ATION)	C. CITI OK 10	the doiside carparate limits while Ro	tat and give lawnship
Pon Co	oouma Haarit	- 1		imore	
bon Se	cours Hospita	3.1		RESS (If rural, give location)	
				Booth St.	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRT		Under 1 Yr. If Under 24 Hrs onths, Doys, Hours, Min.
Male	Negro		JULY 1	1938 29	
		rk 108. KIND OF BUSINESS OR INDUST	TRY 11. BIRTH LACE	(State or foreign country) 12.	CITIZEN OF
done during most of	working life, even if retired)	-	Deor	1e TOWN. S. CArolina	11, 5 . 4.
13. FATHER'S NA	ME		14. MOTHER'S N	ALDEN NAME	4
Ch.	miles 1	Jatthews Sa.	Vin	Lit IND. W	
	ED EVER IN U.S. ARME		17. INFORMANT	· AD	DRESS
Yes, no or unknow	n) (If yes, give war or dol	les of service) SECURITY NO.	5, 1	D 1' W -11/1.	_/
1/10			Molle	Luda Maller	v Dans
1B. 9	821	CAU	SE OF DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION D	RECTLY			
(This does	not meen the mode of	(A) 11000	ive Bleedi	ng	
heort foilure	e, osthenio, etc. It mean implication which coused	s the disease.	tab Wound	of Chest Involving Th	ie
		Right L	ung.		
	ANTECEDENT CAUSI	(P)			
RISE TO TH	OR CONDITIONS, IF IE ABOVE CAUSE (A)	STATING THE			
	NG CONDITION LAST.	(C)			
<u>Ö</u>					
OTHER SIC	SNIFICANT CONDITIONS				
TO THE	DEATH BUT NOT REPORT CONDITION CAUSIN				
		NDITION FOR WHICH OPERATION	20A. AUTOPS	(? (Yes or No.) 208, IF YES, WERE FINDIN	IGS CONSIDERED
0	WAS PE	RFORMED	Y	es IN CERTIFYING CAUSES	OF DEATH?
21A. EXTERNA	AL CAUSE WAS	21 B. PLACE OF INJURY (e.g		WHERE DID (If in Baltimore City, give e	
UNING - CAL	NOR CONTRIB- USE OF DEATH.	etc.)	office bldg., INJUR		20-04
7	(14 (1) (1) (2)	Home	015 H	2219 Booth Street	7
OF INJURY		0:30		OW DID INJURY OCCUR!	
(APPROX.)	8/13/67	p while AT NO	WORK X	Subj. stabbed in ches	t with a knife
22.	rtify that I held on	Inquiry Inspection	Autopsy X on	d that on this bosis, death in my o	ninion
resu	Ited from: Notural co	ouses Accident Suic		ide X Undetermined monner	
ACTUA	1 /1000	0151		EDICAL EXAMINER	DATE SIGNED
SIGNAT		05 h. / m/ _ M	D. ASSISTANT M	SEDICAL EXAMINER	
EXAMI		ner U. Spitz, M.D.	ASSOCIATE	MEDICAL EXAMINER	8/14/67
23A, BURIAL CRI	(туре)		V 60011 1000	Par I of America	16:11
REMOVAL (Speci		23C. NAME OF CEMETER	T OF CREMATORY	23D. LOCATION (City, tow	rn, or county) (State)
Burial	8-16	-67 Heorge lown	Com-	Heurseton So	with Caroline
24A. DATE REC'E	BY HEALTH DEPT.	248. NAME OF REGISTRAR	24C. FUNE	RAL DIRECTOR	ADDRESS
	AUC 04 4007	An wo T. O. a.	an extra	1.002 11	y T

they the 1935 their is the state Section 4 Charles Mather The contract of the same of th



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

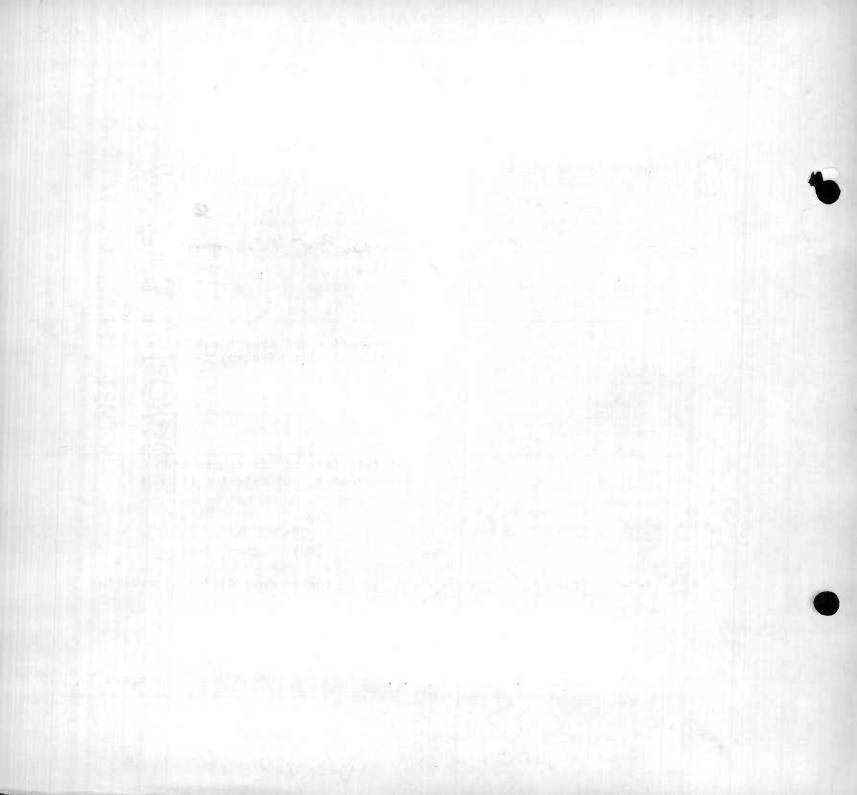
BALTIMORE CITY HEALTH DEPARTMENT



7992

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.	E CASE NO.							
1. I	NAME OF DEC	EASED					2. DATE AND HOUR PRONOUNCED	DEAD
				GARET	WILLIAMS		August 9, 1967	9:55 P. M.
3. F	LACE IN BALT	MORE, MARY	YLAND, WI	HERE PRONOU	NCED DEAD	4. USUAL RESIDI	ENCE (Where deceosed lived, If institution B. COUNT	
FUI	L NAME OF	(IF NOT I	N HOSPITA	I OR INSTITU	TION, GIVE STREET	Mar	yland	
HO	SPITAL OR	ADDRESS	OR LOCA	TION)	TOTAL STREET	C. CITY OR TOW	(If outside corporate limits, write RL	RAL and give township)
						Ba1	timore	0/
7	IIn	irromai t	v Uoor	.:+n1			ESS (If rural, give location)	
	OII	iversit	y nost	llai		120	7 Chatham Street	
5. 5	EX	6. RACE			NEVER MARRIED	B. DATE OF BIRTH		f Under 1 Yr. If Under 24 Hrs. Norths, Days, Hours, Min.
	Female	Negr	0	M	n = d	MAR. 21	1917 50	nonms Doys Hours Willia
		0			BUSINESS OR INDUSTR	11. BIRTHPLACE	State or foreign country)	2. CITIZEN OF
don	during most of w	(-	n if retired)	1	1,	11. 1000	tuna. 1.	WHAT COUNTRY?
13.	FATHER'S NAM	EVITO				14. MOTHER'S MA	AIDEN NAME	1.7.1
	1,).	11.	6	2		1	7/	
15	WAS DECEASE	D EVER IN II	SARAED	FORCES?	Y6. SOCIAL	17. INFORMANT	NIE SELNSE	DDRESS
	, no or unknown)				SECURITY NO.			0
	NO					Sohn	Williams	SA
	18.	R D X			CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONE	DITION DIR	ECTLY	Нуре	ertensive	and arteriosclerotic	ONSET AND DEATH
		LEADING T	O DEATH		(A) Car	cdiovascul	ar disease	
	he ort failure,	at mean the asthenia, etc.	It means	the disease,	DUE TO	***************************************		000011001
	injury or con	nplication which	ch coused d	leoth.)			1	
	A	NTECEDENT	CAUSES				- V	
	DISEASES	OR CONDITI	ONS, IF A	NY, GIVING	DUE TO			
		E ABOVE CAL		ATING THE				
Z					(C)			
Ĕ		- 11		1-546	Muli	tiple left	rib fractures with	
$\overline{0}$				CONTRIBUTING ATED TO THE	G	_	and delerium tremer	ne
CERTIFICATION	DISEASE OF	CONDITION	CAUSING	IT.			***************************************	
SER	19A. DATE OF	OPERATION	19B. CONI		HICH OPERATION	20A. AUTOPSY	(Yes or No) 208, IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
_						Yes	Yes	
EDICA	21 A. EXTERNAL	OR CONTRIB	-	home,	form, factory, street,	in or about 21 C. W office bldg., INJURY	HERE DID (If in Boltimore City, give OCCUR?	exact location)
EDI	UTING LCAU	SE OF DEATH	1.	etc.)	home	12	07 Chatham Street	8-0/
Σ	21 D TIME	(Month) (D	oy) (Year)	(Hour) 21	E. INJURY OCCURRED	21 F. HC	OW DID INJURY OCCUR?	
	(APPROX.) 8	-6-67	7:00	P. w	HILE AT NOT	WHILE X Pus	hed down during alte	ercation
	22.			m. W	ORK AT W	ORK		
		ify that I he	old an Ir	nquiry	Inspection Au	topsy X ond	I that an this basis, deoth in my	opinian
	resul	ted fram: N	atural cou	ses A	ccident Suicid	e Hamici	de X Undetermined manner	
			11 1		11.	CHIEF ME	EDICAL EXAMINER	
	ACTUAL		La &	2 1	2 MX	ASSISTANT MI	EDICAL EXAMINER	DATE SIGNED
	SIGNAT		11 1	0 0	M.D	•		4 - 4 10 1007
	NAME (Гуре)	narles	s S. Spr	ingate, M.D.	ASSOCIATE M	EDICAL EXAMINER	August 10, 1967
	BURIAL CRE	MATION, 231	B. DATE	230	NAME OF CEMETERY	CREMATORY	23D. LOCATION (City, to	wn, or county) (State)
6	NOVAL (Specify	0	-15	17	R. Ita A	121. (1.3214	Ind.
	DATE REC'D	BY HEALTH	DEPT	6 /	OF REGISTRAR	24C. FUNERA	128 CVIMOI	ADDRESS
247	-	UG 211		A C C	TO	T/	A) (-/	() A
	-	10021	1301 (blut }	- Janky MA	- 1/2/m	us. C. W. LS- 10.	00 Braitley Are
						The second second	4: 34	



m	7-	2	4.
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such in written approval must be obtained before the remains are embalmed or final disposition is made.
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	ospi	5) D	Jeat
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	d in	Cau	. j.
	urre	ined	d p
	occ	Brm Per	ease is m
	eath or c	ndei	dec
	if d	4) C	the
AN	tant e dir	nd;	on on
DRT.	f th	Y Ki	ance
MPC	his c	of an	bend o be
=	A	ure	ala a
FUNERAL DIRECTOR: IMPORTANT	nine	ract	gula
ECI	exar	A	are
DIR	ical	15; (3	as ir
AL	med	burr	Te W
ZER	hief	ody	sicia
F	he c	(2) B	phy
	by t	re;	No P
	ved	natu	d (6)
0	ppro	any	an ; an
	be a	at of	ath)
	legs	ider	o de
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	ח מכנ	deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.
	ifico	A (I	d br
	cert	WS: (ten
	This	sho	dec

67 7993 BALTIMORE CITY HEALTH DEPARTMENT	Registered No. 67 7993
MITH NO. MICH. CASE NO. 67 7993 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No.
Type or Print) JAMES J. MCLANGHLIN 2. DATE	AND HOUR OF DEATH
PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE () A. STATE B. CO	here deceased lived. If institution: residence before admiss
FULL NAME OF (If not in hospital or institution, give street Maryland	
	outside city limits, write RURAL and give township
Baltimore	65-
D. STREET ADDRESS	(If turol, give location)
1818 Light St. 1818 Light	St.
SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH WIDOWED, DIVORCED (specify)	9. AGE (In years If Under 1 Yı. If Under 24 Months; Doys Hours Mir
Male White Married Nov. 29, 188	81
DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or	oreign country) 12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if retired) Owner Tavern Balto.	
3. FATHER'S NAME 14. MOTHER'S MAIDEN	
Luke Mc Laughlin Catherine	asev
(es, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	ADDRESS
No James L. Mc I	aughlin Same
18. CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	A ONSET AND DEATH
LEADING TO DEATH	of cities
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foliure, osthenio, etc., It means the disease, injury of complication which coursed death.)	I metastas
heart foilure, osthenia, etc. It means the disease, injury or complication which coused death,)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if ony, giving	
UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes o	No. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DI	(If in Boltimore City, give exact location)
, OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUP	this sommore city, give exect locotions
3	
OF INJURY	NJURY OCCUR?
(APPROX.) While At Work At Work	
22. I certify that (!) (this hospital) attended the deceased from Cur furst	1965 to City 18 196
aus 10 12	
that (1) (we) last sow the deceased alive an and 1/8 19 6 7 and	that in (my) (aur) opinion death occurred on the
and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter dea	6
23A. SIGNATURE	23B, DATE SIGNED
M.D. Attending Med. Director	Staff Phys. D
23C. PHYSICIAN'S 23D. ADDRESS	
NAME (Type) DICARDO LOZADA M.D. 17.26 S.C.	haves of. Betr. Hd 217
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 241	LOCATION (City to a second)
REMOVAL (Specify)	LOCATION (City, town, or county) (Stol
Burial 8 22 67 Holy Cross	Brooklyn, A. A. Co. Md.
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIREC	OR ADDRESS
AUG 21 19671 (PSP) 15 2, Farluma 2	Mc Cully 130 E. Fort Ave
\$ 150-REV. 1/1/65	2



BALTIMORE CITY HEALTH DEPARTMENT USUAL RESIDENCE (Where dedeosed fived, If institution: residence before odmission) (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 2. CITIZEN OF WHAT COUNTRY? USA ADDRESS Same INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact tocotion) and that in (my) (aur) apinion death accurred an the date 23 B. DATE, SIGNED (City, town, or county) ADDRESS G21 Mitchell-Wiedefeld Home. Inc. 196 VS 150-REV. 1/1/65

1 - 91 AND - WAY

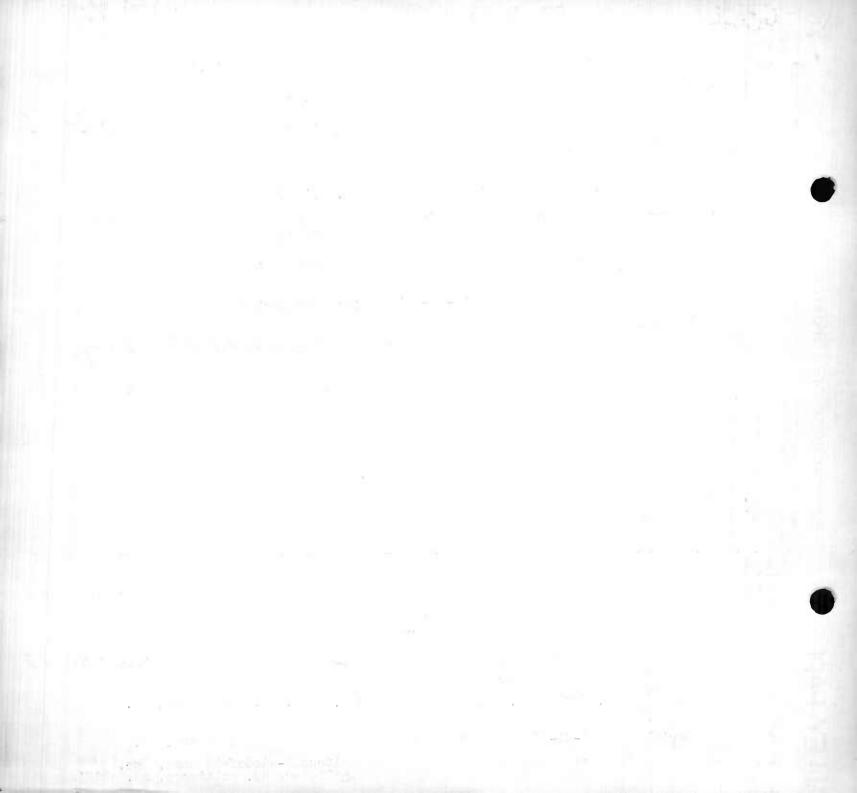
3

of death Deceased

uo

ance

death.



BIRTH NO.	MED	ICAL EX	KAMINER'S C	ERTIFICATE	OF DEATH Regist	ered No. 0/ /99
M.E. CASE NO.	CEASED			12.1	DATE AND HOUR PRONOUNG	CED DEAD
(Type or Print)	4*	THOMA	TAYLOR	2, 1		
	TIMORE, MARYLAND, W	LEONA HERE PRONO		14. USUAL RESIDENCE	August 13, 196	/ 7:25 P. M
				A. STATE Marylan	nd B. CO	stitution: residence before admission UNTY
OSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET		(If outside corporate limits, wri	te RURAL and give township)
NOITUTITEN				Baltimo	nra	19-11
1608 1	W. Baltimore	C+			(If rurol, give location)	1/00
1000	W. Dalelmole				. Baltimore St.	
, SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
T 1	**1 * .	WIDO WED,	DIVORCED (specify)	10412	lost birthdoy)	Months Doys Hours Min.
Female	White UPATION(Give kind of work	Div	orced	JAN, 13,		12. CITIZEN OF
	working life, even if refired)	KIUS KIND O	L BONNESS OK INDOSIK	III. BIKIMPLACE (SIG)	e or toreign country)	WHAT COUNTRY?
Homen	aker		***	Kentucky		USA
AFATHER'S NA	WE			14. MOTHER'S MAID	EN NAME	
	ilson Taylor			Virgie	Taylor	
	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	•••		-	Mr. Hobert	Taylor-3031 Mat	thews St.
18.	1 10		CAUSI	OF DEATH		INTERVAL BETWEEN
00	101		0.100			ONSET AND DEATH
DISEA	SE OR CONDITION DI LEADING TO DEATH		Fatty	Alteration	of Liver	
(This does	not meen the mode of	dving e.g.	DUE TO			
injury or co	e, osthenio, etc. It meons emplication which coused	deoth.)				
	OR CONDITIONS, IF A		(B)	******************************	***************************************	
RISE TO TH	TE ABOVE CAUSE (A) S	TATING THE	DUE TO			Total III and III
	NG CONDITION LAST.		(C)			
2	11					
OTHER SIC	INIFICANT CONDITIONS					
TO THE	DEATH BUT NOT RE		THE	******************************	>> n	
_	F OPERATION 198. CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Ye	es or No. 20B. IF YES, WERE F	INDINGS CONSIDERED
5 2	WAS PER	FORMED		Yes	IN CERTIFYING CAL	Yes
	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or obout 21C, WHE	RE DID (If in Boltimore City,	
	OR CONTRIB-	home etc.)	e, form, foctory, street,	office bldg., INJURY O	CCUR?	
#						
OF INJURY	(Month) (Doy) (Yeo		TE. INJURY OCCURRED		DID INJURY OCCUR?	
(APPROX.)		m.	WHILE AT NOT	WHILE		
22.	ا مدادا الدادات المادات	t	Incomplian D. A.	X	as an abia bamba danah in	mu aslalan
	rtify that I held on I				ot on this bosts, deoth in	
resu	Ited from: <u>Natural ca</u>	usest	Accident Suicio		Undetermined mont	ner
ACTUA	· line.				ICAL EXAMINER	DATE SIGNED
SIGNAT		il h.	200 M.D	ASSISTANT MEDI	ICAL EXAMINER X	
EXAMI	NER'S Werne	r U. Sp	itz, M.D.	ASSOCIATE MED	ICAL EXAMINER	8/13/67
NAME	(Type)		7			
BA. BURIAL CRI		23	C. NAME OF CEMETERY	OF CREMATORY	23D. LOCATION (Cit	y, town, or county) (Stote)
Buri		67	Mt. Olivet		Balto	
	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL		ADDRESS
120			-	Mitabala	l-Wiedefeld Home	
	AUC 01 1067	00	Br & Fre Crew Mill	6500	V1- D1 01010	

XXXXX

IRTH NO. 44.23009 67 75	197	Y HEALTH DEPARTMENT		67 7997
A.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	
NAME OF DECEA TO REST	Reall	2. DATE AN	9 67	12 45
PLACE OF DEATH IN BALTIMORE, MARYLAND	BOAT	A. STATE B. COUN	re deceased lived. Il ins	titution: residence belare odmis
FULL NAME OF (If not in hospital or instituted address or location)	tion, give street	C. CITY OR TOWN (If ou	424 24 P 24 - 24 B)	10.1
University	Hospital	Batto.	tside city limits, write RI	SKAL and give Jownship) - C
<i>y</i>	Ü	01	rural, give location)	21236
SEX 6. RACE 7. MAR WIDG	RIED, NEVER MARRIED DWED, DIVORCED (specify)	8 26 64	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Days Hours M
OA. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY		16	12. CITIZEN OF
one during most of working life, even if retired)		Bulto		WHAT COUNTRY?
S. FATHER'S NAME		14. MOTHERS MAIDEN NA	ME	
William Seall		Bernic	e tinge	3Y
. Was Deceased Ever in U. S. Armed Forces? es, no ar unknown) (If yes, give war ar dates of serv	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
, 5, 81, 10, 0, 0, 0, 36,	JECOKITI NO.	Hosp. cl	nart	
18 193,41	CAUSE C	OF DEATH	1	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		1 1		ONSET AND DEATH
LEADING TO DEATH	IA) Ne	suroblastom	2	5 mos.
(This does not mean the mode of dying, heart failure, osthenio, etc. It means the disc	e.g., DUE TO			
injury or camplication which coused death.)				
ANTECEDENT CAUSES	DUE TO	***************************************		
DISEASES OR CONDITIONS, if ony, gi				
UNDERLYING CONDITION lost.	(6)			
OTHER CONTESTANT CONTENTS CONTENTS				
TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	o) 208, IF YES. WERE FI	NDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION I WAS PERFORMED		NO	IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i	in or about 21 C. WHERE DID	(If in Baltimare	City, give exact location)
	etc.)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?	
(APPROX.)	While At Not Whi At Work		. 7	
22. I certify that (I) (this hospital) attend	ed the deceased from	me 8	196/ 10 Mh	9 19 19 (9
that (I) (we) last saw the deceased alive	on Huy 19	19 67 and th	at In (my) (aur) apin	death accurred on the
and haur and fram the causes stated above	re. (1) (We) (did) (did nat)			
23A, SIGNATURE			,	23 B DATE SIGNED
Frank has a lam	Son M.D. Att	ending Med.	Staff Phys.	Aug 19 1960
23C. PHYSICIAN'S	111)	23D. ADDRESS	,	
NAME (Type)	hnson M.D.	Universit	is How is	tal.
IA. BURIAL CREMATION, 248. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION (City	, town, or county) (Sto
MOVAL (Specify)	2 1	1 1 a	O U	0.0
SA. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	IEN PURN	ADDRESS
	8- Q FARMA	Man Calla		
AUG 21 1967 (Rules) 5 150-REV. 1/1/65	D G' Monogo m	duscould -	30 EI FORTH	Ave, Balto, Mdz
13V-KE V. 1/1/03				

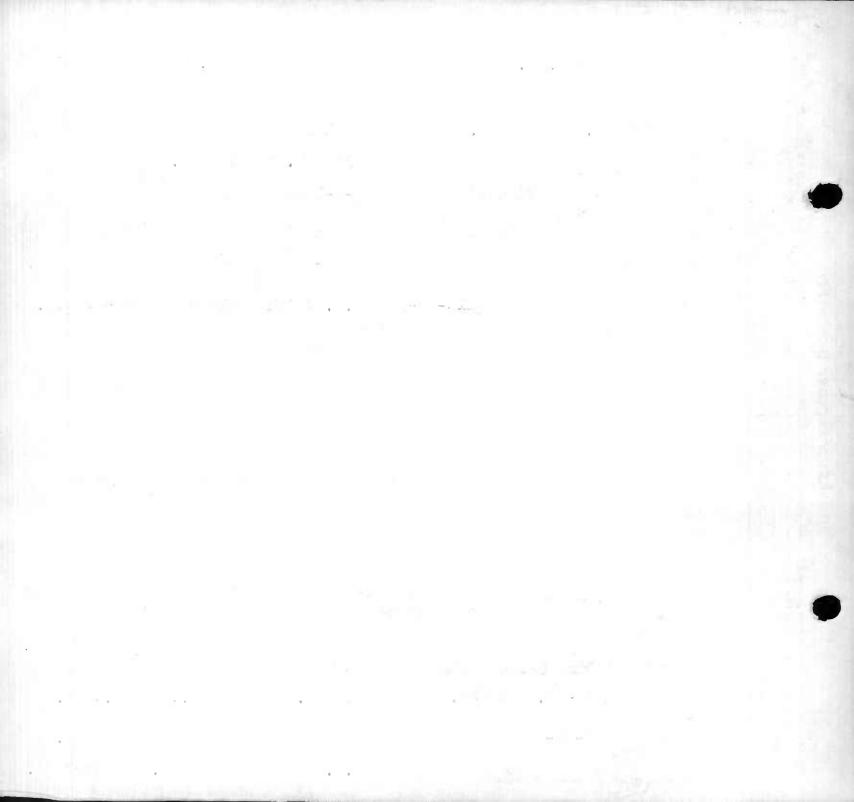
CONTRACT CONTRACT - dl. morac. on the party

V\$ 150-REV. 1/1/65



G	****	10	10
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

W.E. CASE NO.			SS CERTIFICA	TE OF DEA	TH Registered Na.	
, NAME OF DECE	ASED			2. D	ATE AND HOUR OF DEATH	1
Type or Print)	Roscoe	E. Gr	ove	A	ugust 18, 19	167 1 3:35 P
PLACE OF DEAT	TH IN BALTIMORE, MA		Dual Hall	4. USUAL RESIDENC	E I Where deceased lived. If	institution: residence before admissi
FULL NAME OF		or institution,	give street	Marvlan	ď	
HOSPITAL OR	oddress or location				(If outside city limits, write	RURAL and give township)
3	900 N. Cha:	rles S	t.	Baltimo		12-01
				D. STREET ADDRESS		
- SEX	6. RACE	7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH	Charles St.	
M	W	Widow	o, DIVORCED (specify)	3-6-1881	lost birthdoy)	If Under 1 Yr. If Under 24 I Months Doys Hours Min
	PATION (Give kind of work orking lile, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sales		Auto	Club	Maryland		USA
3. FATHER'S NAM	E			14. MOTHER'S MAID		
Dewitt	Grove			Fanny Du	trow	
5. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	(If yes, give wor or dote	s of service)	SECURITY NO.	2 D M Cons	th Colmant	% Dadread Ot-
NO	0.71		CAUSE 0		tn Calvert	& Redwood Sts.
77	XX		CHUSE	DEATH .		ONSET AND DEATH
	OR CONDITION DIR	RECTLY		W sauce		
	abave cause (A)	sidning inte	(C)			
OTHER SIGNIFI	CONDITION last, I ICANT CONDITIONS C ATH BUT NOT RELA	TED TO TH	G C	1-0 4-	Nece	12400
OTHER SIGNIFI	II ICANT CONDITIONS C ATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	G G GWW	Val Hem		FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFICATION OF THE DELEGATION OF THE DEL	II ICANT CONDITIONS C ATH BUT NOT RELA ONDITION CAUSING I	ATED TO THE	WHICH OPERATION PLACE OF INJURY (e.g., i.e., form, foctory, street, o	No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
OTHER SIGNIFITO THE DE. DISEASE OR C. 21 A. ACCIDENT OR CONTRIBUT DEATH (notify r.) 21 D. TIME	II ICANT CONDITIONS C ATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERF	ATED TO TH T. DITION FOR A FORMED	WHICH OPERATION PLACE OF INJURY (e.g., i.e., form, foctory, street, o	n or obout 21C. WHERE ffice bldg., NJURY OC	IN CERTIFYING C	AUSES OF DEATH?
OTHER SIGNIFI TO THE DE DISEASE OR CO 19A. DATE OF CO 21 A. ACCIDENT OR CONTRIBUT DEATH (notify r	ILCANT CONDITIONS CATH BUT NOT RELA CONDITION CAUSING IT OPERATION 198. CON WAS PERF T WAS UNDERLYING TING CAUSE OF medicol exominer)	DITION FOR A FORMED 218. hom etc.) (Hour) 21E. Whi	PLACE OF INJURY (e.g., in the form, foctory, street, on the form) INJURY OCCURRED INJURY OCCURRED	NO n or obout 21C. WHERE ffice bldg., INJURY OC	IN CERTIFYING C	AUSES OF DEATH?
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FUNERAL DIRECTOR: IMPORTANT

BIRTH NO. M.E. CASE NO.	5 / 13				-67 2000
	01	00 CERTIFICA	TE OF DEATH	Registered Na.	0.7 0000
NAME OF DECEASED				NO HOUR OF DEATH	
	Linton B. S	Siemon	Aug	ust 18. 19	67 4:45 P.
PLACE OF DEATH IN BAL	TIMORE, MARYLAND		4. USUAL RESIDENCE (WI	nere deceased lived. If i	67 4:45 P.
FULL NAME DF (If no	et in hospital or institutio	n nive street	Maryland		
HOSPITAL DR oddre	ess or location)			outside city limits, write	RURAL and give township)
	9 m D.J	3 A	Baltimore		21.00
) TTG	8 E. Belve	dere Ave.		f rurol, give location)	
			1108 E. Be	lvedere Av	е.
SEX 6. RACE	7. MARRIE	D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months: Doys Hours: Min.
W L MS		ried	1-27-1901	66	110013
OA. USUAL OCCUPATION (GI		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, e Policeman		±0 03+	D-74- M3		
3. FATHER'S NAME	Dal	to. City	Balto. Md.	AME	USA
TT C.1					
Henry Siemon		15 4			
5. Was Deceased Ever in U. (es, no or unknown) (If yes, give		SECURITY NO.	17. INFORMANT		ADDRESS
No		216-28-4382	A Mrs. Mabel	D. Siemon	Above
18.4.00,/		CAUSE O			INTERVAL BETWEEN
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